The European Health Insurance Card

EHIC Questionnaire

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Executive Summary

- In 2013 some 200 million EHICs were in circulation.[1] The total number of EHICs in circulation has risen between 2009 and 2013 by 6% and by 4% compared to 2012. This number is steadily increasing in most of the Member States. About 37% of the total number of insured persons living in a reporting competent Member State has a valid EHIC.

- Each year some 35 to 45 million EHICs are newly issued. Compared to the previous two years, the number of EHICs issued in 2013 shows a small decrease. This can be partly explained, however, by the applied issuing procedure and period of validity by competent Member States, which have an impact on the annual number of EHICs issued and on the number of valid EHICs in circulation. The applicable procedures and periods of validity also influence the administrative burden of the competent institutions. Some Member States may extend the period of validity by reason of saving administrative costs, which could reduce the number of newly issued EHICs.

- The EHIC Questionnaire also provides information on the number of reimbursement cases and the flow of funds involved in unplanned healthcare. Some 1.6 million E125 forms were received in 2013 for reimbursement claims, which implied an increase of 60% compared to 2009. Compared with the number of EHICs in circulation this also reveals an intensified use. These figures are, however, hampered by sometimes remarkable differences from year to year for individual countries, or sometimes by missing values, so that further clarification of those series are needed.

- About 0.1% of total health expenditure is related to necessary healthcare treatment during a temporary stay abroad. Most of the reimbursement claims (95%) are settled between Member States via an E125 form, indicating a widespread and routinised payment and reimbursement procedure. The share of the payments involved is even higher via this procedure, which indicates that the reimbursement claimed by the insured person directly in the competent Member States is related to smaller amounts.

- In terms of challenges, despite many efforts most of the refusals of an EHIC by health care providers are still related to their lack of knowledge about the EHIC: Member States have to properly inform insured persons and health care providers in order to raise awareness about the use of the EHIC.

- Member States reported in detail on practical and legal difficulties they experience. The overall reported problems seem rather marginal compared to the annual number of provided healthcare treatments during a temporary stay abroad. Nevertheless, the problems reported should be solved in order to maintain and improve the system to guarantee cross-border access to healthcare.

[1] Including the estimate for some Member States based on a previous year.

1. Introduction

The European Health Insurance Card (EHIC) proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State (MS)[2] other than the competent MS. The reimbursement procedures are described by Regulation (EC) No 883/2004[3] and 987/2009[4]. These procedures will be described and assessed based on data from the EHIC Questionnaire.

The first part of the EHIC Questionnaire[5] aimed to collect statistics concerning the use of the EHIC from 1 January to 31 December 2013. The second part of the questionnaire covers practical and legal difficulties in using the EHIC. The content and structure of the questionnaire has somewhat changed compared to previous years. An additional element was introduced: MSs were asked, on an optional basis and provided that such data were available to them, to provide information about the amount of reimbursements related to the use of the EHIC.

This report summarises to a high extent the detailed answers MSs have given in the EHIC Questionnaire. However, it also validates their exhaustive reporting by taking up their answers in the annexes of the report.

Furthermore, the differences between the Regulations and Directive 2011/24/EU[6] with regard to the material scope[7] and the reimbursement of costs[8] will briefly be discussed in this report. The interchange between both may have an impact on the future evolution of different aspects (the number of EHICs issued, the number of reimbursement claims between MSs …) of the Regulations. However, for this reporting year it is premature to draw any conclusions about the impact of the Directive.

[2] Relevant for the EU/EEA countries and Switzerland. See Annex 6 for the country abbreviations.
[3] Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems.
[4] Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems.
[5] The 2013 EHIC Questionnaire is included in Annex 7 of this report.
[6] Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.
[7] *"Under the Directive MSs cannot refuse reimbursement in cases of treatment by certain non-contracted or private providers which are not covered by the Regulations"* (EC, 2012, 'Guidance note of the Commission services on the relationship between Regulations (EC) Nos 883/2004 and 987/2009 on the coordination of social security systems and Directive 2011/24/EU on the application of patients' rights in cross border healthcare', AC 246/12, p. 17).
[8] Regulation (EC) No 987/2009 describes two different procedures to meet the costs of the provided healthcare in the MS of stay. The insured person could ask the reimbursement directly from the institution of the MS of stay (Art 25(4) of Regulation (EC) No 987/2009) (the MS of stay will later claim the reimbursement from the competent MS) or the insured person covers the cost of the healthcare received and asks for reimbursement by the competent MS after his/her return (Art 25(5) of Regulation (EC) No 987/2009). *"As a rule, reimbursement is claimed and made within the limits and under the conditions laid down in the legislation of the MS of stay"* (EC, Ibid., p. 16). This will differ from Directive 2011/24/EU. *"For cross-border healthcare received under the Directive, the patient always has to pay the full cost of healthcare directly to the healthcare provider and claim reimbursement from the MS of affiliation. The MS of affiliation is only obliged to reimburse cross-border healthcare according to the conditions and tariffs that would have been assumed for that healthcare on its own territory, without exceeding the actual cost of the healthcare received (Art 7(3) and (4) of the Directive). Thus, if the cost of healthcare is higher, patients must pay the difference themselves. The MS of affiliation may nevertheless decide to reimburse the full cost of healthcare (Art 7(4) of the Directive)"* (EC, Ibid., p. 16).

2. The number of forms issued / in circulation

The number of EHICs issued in 2013 and the number of EHICs in circulation give us a first impression of the applied issuing procedures by MSs and the validity period of the EHICs. Some 35.5 million EHICs were issued (excluding DE) in 2013 and some 200 million EHICs (including the estimate for some MSs based on a previous year) were at that moment in circulation *(Table 1)*. Those figures do not say much without confronting them to the total number of insured/entitled persons. About 37% of the total number of insured persons living in a reporting competent MS has a valid EHIC.[9] In IT and LU all insured persons received an EHIC (percentage equal to 100%). In CZ (96%) and AT (95%) almost all insured persons received an EHIC. Lower percentages will be influenced by issuing procedures, the validity period, the mobility of insured persons and their awareness of their cross-border healthcare rights. We observe a rather low percentage of EHICs issued to insured persons by LT (10%), LV (9%), ES (7%), HR (6%), BG (6%), PL (4%), EL (1%) and RO (1%) as the competent MS.

Paragraph 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card states: "When exceptional circumstances10 prevent the issuing of a European Health Insurance Card, a Provisional Replacement Certificate (PRC) with a limited validity period shall be issued by the competent institution. The PRC can be requested either by the insured person or the institution of the State of stay". Some 3.7 million PRCs were issued in 2013 (excluding CZ and DE).

Tables A2.1 and A2.2 *(Annex 2)* give an overview of the evolution of the number of EHICs issued/in circulation and the number of PRCs issued between 2009 and 2013. A change of the applied procedures or of the period of validity by MSs could have an impact on these numbers. The number of EHICs issued shows a negative evolution since 2011. It is, however, more useful to look at the evolution of the number of EHICs in circulation. We observe a positive evolution of the number of EHICs in circulation (assuming a stable figure for DE, EE, CY and SE, for which no figures were available in 2013), approaching almost 200 million. Including the estimates for these Member States the total number of EHICs in circulation has risen between 2009 and 2013 by 6%. This number is in most MSs steadily increasing. Especially for LV, BG, HU, FI and NL[11] we observe a strong increase of the number of EHICs in circulation between 2009 and 2013. The increase between 2009 and 2013 will mainly be influenced by the 'new' MSs. The number of PRCs issued increased by 10% between 2010 and 2013.

[9] Only calculated for MSs which reported the total number of EHICs in circulation and the number of insured persons for 2013.
[10] "*Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued"* (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).
[11] This evolution should be verified with the Dutch delegation.

Table 1 The number of EHICs issued / in circulation / as a percentage of the insured population and the number of PRCs issued, 2013[1]

MS	Number of EHICs issued	Number of PRCs issued	Total number of EHICs in circulation *(A)*	Number of insured persons[2] *(B)*	% insured persons with an EHIC *(A/B)*
BE	2,707,763	31,027	3,083,658	5,117,974	60.3%
BG	136,568	31,764	361,616	6,099,760	5.9%
CZ	app. 100,000	n.a.	app. 10,000,000	10,415,087	96.0%
DK	430,702	19,360	1,672,306	5,600,000[3]	29.9%
DE	n.a.	n.a.	app. 45,000,000[6]	69,800,000	n.a.
EE	78,456	12,554	n.a.	1,231,203	n.a.
IE	343,250	98,894	1,367,301	n.a.	app. 34%
EL	151,791	33,673	123,584	app. 9.950.000	1.2%
ES	1,805,518	762,429	3,319,472	46,483,194	7.1%
FR	4,190,116	2,094,967	4,190,116	58,800,000	7.1%
HR	264,340	2,505	260,345	4,349,133	6.0%
IT	app. 8,900,000	app. 100,000	app. 58,901,313	58,901,313	100.0%
CY	39,281	18	app. 44,789[6]	438,796	n.a.
LV	74,742	472	201,387	2,262,302	8.9%
LT	161,394	10,789	294,779	2,986,863	9.9%
LU	144,152	14,475	552,451	762,410	72.5%
HU	469,317	37,326	1,705,300	9,463,727	18.0%
MT	56,481	18	159,795	205,459	77.8%
NL	2,617,980	8,618	14,114,209	16,774,183	84.1%
AT	1,038,318	9,767[4]	8,156,265	8,567,710	95.2%
PL	2,005,154	18,784	1,523,991	35,261,020	4.3%
PT	408,503	21,656	1,309,462	n.a.	n.a.
RO	262,218	84,481	126,753[5]	18,107,722	0.7%
SI	705,769	147,182	656,542	2,079,143	31.6%
SK	760,738	105,198	2,626,676	5,197,880	50.5%
FI	786,325	12,428	1,334,155	5,447,051	24.5%
SE	1,297,288	8,139	app. 3,000,000[6]	n.a.	n.a.
UK	3,501,890	5,279	25,886,427	n.a.	n.a.
EU28	33,438,054	3,671,803	189,972,692		53.60%[7]
IS	38,864	894	83,946	325,671	25.8%
LI	1,188	107	37,910	37,910	100.0%
NO	799,000	7,677	1,500,000	n.a.	n.a.
CH	app. 1,200,000	n.a.	6,700,000	8,060,000	83.1%
Total	35,477,106	3,680,481	198,294,548		37.4%[7]

1 n.a.: not available.
2 It is not always clear how MSs have interpreted the wording 'insured persons'. Some MSs have used a narrow definition (excluding members of the family) (i.e. BE).
3 DK: residents of DK.
4 AT: some funds do not keep statistics, so the real number is certainly higher.
5 RO: issued in 2013 and still valid on 31 December 2013.
6 Number of EHICs in circulation for DE, CY and SE: figures insured from previous years. DE: no data available since 2010. In its reply to the 2009 EHIC Questionnaire, DE estimated the number of EHICs in circulation in 2008 around 45,000,000. CY: no data available since 2010. In its reply to the 2009 EHIC Questionnaire, CY calculated the number of EHICs in circulation in 2008 at 44,789. SE: no data available since 2012. In its reply to the 2011 Questionnaire, SE replied that 3,000,000 EHICs were in circulation in 2010.
7 EU28 and total: average weighted figures. Only MSs which reported the number of EHICs in circulation and the number of insured persons for 2013. We have excluded DE, CY and SE as the reported figures on the number of EHICs in circulation are based on previous years.
Source Administrative data EHIC Questionnaire 2014

3. Changes in the issuing procedure

The EHIC Questionnaire did not explicitly ask the MSs to describe their issuing procedures but rather to report the changes for 2013 compared to previous years. We therefore refer to the EHIC report of 2013 to have a more detailed overview of the issuing procedures applied by the different MSs.[12]

[12] Coucheir, M. (2013), *EHIC Report 2013*, trESS – Ghent University, 27 p.

3.1. The period of validity

Only BE, NL, SI and IS reported a change in the validity period of the EHIC *(Table A1.1- Annex 1)*. Most of these MSs (excluding BE) have extended the validity period (in general or for certain categories). This extension of the period of validity could be motivated by reason of saving administrative costs (e.g. NL and IS).

In general, the period of validity varies significantly between MSs, and within certain MSs, and between categories/situations (active population, posted workers, family members, children, students, pensioners …) *(Table 2)*. As already stated, these differences in length of the validity period will have an impact on the annual number of EHICs issued by the MSs.

Table 2 The validity period of the EHIC, 2013

MS	Validity period of the EHIC
BE	1 to 2 years (i.e. until 31/12 of the next year)
BG	1 year (economically active persons), 5 years (children), 10 years (pensioners)
CZ	5 years
DK	(max) 5 years; shorter periods for specific cases
DE	several days/weeks to several years
EE	max 3 years (adults); max 5 years (children)
IE	4 years
EL	1 year, in some specific cases 4-6 months
ES	2 years; 12 months (ISFAS)
FR	1 year
HR	1 year; max 2 years (posted workers and their family members); 4 years or more (diplomatic and consular personnel and their family members)
IT	6 years
CY	max 5 years
LV	3 years
LT	max 2 years (active population); up to 6 years (those insured by State means); max 1 year (students)
LU	3-60 months (proportionate to the length of the insurance record); min 1 year for defined groups registered with an S1
HU	3 years (4 years for posted civil servants)
MT	5 years (subject to the applicant moving to another country throughout the validity period)
NL	1-5 years
AT	1 or 5 years; 10 years (pensioners)
PL	6 months; 5 years (pensioners); shorter periods in defined cases
PT	3 years
RO	6 months
SI	1 year; 5 years (pensioners and their family members, children)
SK	indefinite (possibility of a limited duration for foreign workers on fixed-term contracts)
FI	2 years
SE	3 years
UK	5 years
IS	3 years; 5 years (pensioners)
LI	5 years
NO	3 years
CH	between 3 and 10 years (5 years on average)

Source Update Table 2 Coucheir, M. (2013), *EHIC Report 2013*, trESS – Ghent University, p 8.

3.2. The issuing and withdrawal procedures

NL and NO reported (minor) changes in their national issuing procedure of the EHIC *(Table A1.2 - Annex 1)*. The time needed to issue an EHIC differs considerably between MSs. However, within the MSs the difference is perhaps even greater between the ways in which the requests for an EHIC are submitted (electronically, personally, by post). A personal application *(at the desk)* often results in an immediate issue of the EHIC (e.g. reported by CY, HU, LT, LV and PL). While, among others, postal applications tend to delay the issuing procedure (e.g. reported by LV, NL, PL and SI). Some MSs have set (legal) maximum times for the application to be processed (e.g. reported by DE, EE and NO). We have no indication that the delivery time has changed considerably compared to 2012. Only IS explicitly reported a higher delivery time due to changes in their mailing system.

LT and PL have changed their issuing procedure of the PRC in 2013. Finally, only SK has changed the EHIC withdrawal procedure.

Table A5 (Annex 5) provides a more detailed overview of the issuing and withdrawal procedures applied for 2012.

3.3. Raising awareness

The EHIC Questionnaire made a distinction between information provided to the insured persons and to the health care providers *(Table A1.3 – Annex 1)*.

Most of the MSs make information permanently available and/or up to date for insured persons by means of websites (BE, IE, HR, IT, SI, SK and UK), brochures/guides/leaflets/flyers (BE, CZ, DE, HR, IT, LT, AT and UK), posters (PL), mailing lists (DE), telephone assistance (IT and SI) or at the back side of the EHIC (SK). Frequently, information is published in magazines (DE) and newspapers (EE, HR and UK), distributed by press releases (AT and SI) or communicated on TV (HR and MT) and radio (AT, SI and UK). Some MSs have organised seminars on this topic (DE and LV). BG, HR and PL explicitly reported the launch of a 'new' information campaign in 2013. By means of all these different communication channels the information on insured persons' rights related to the EHIC should be guaranteed. The effectiveness of the awareness-raising efforts should be observed in the number of EHICs issued during these efforts. BG and PL, among others, in any case show an increase of the number of EHICs issued in 2013.

Health care providers are informed by the competent institutions (and liaison bodies) via leaflets/brochures (CZ and SK), websites (HR, LT, PL, SI, SK, UK and CH), training courses (IT, AT and PL), supporting administrative assistants (as interpreter) (IT), (in)formal instructions (HR, CY, SI and FI), informal contacts (BE) and consultations/visits/meetings (EE, LV and MT). Here, the effectiveness could be measured by looking at the number of EHIC refusals by health care providers due to their lack of knowledge about the EHIC (see point 5.2 below).

4. The use of the EHIC

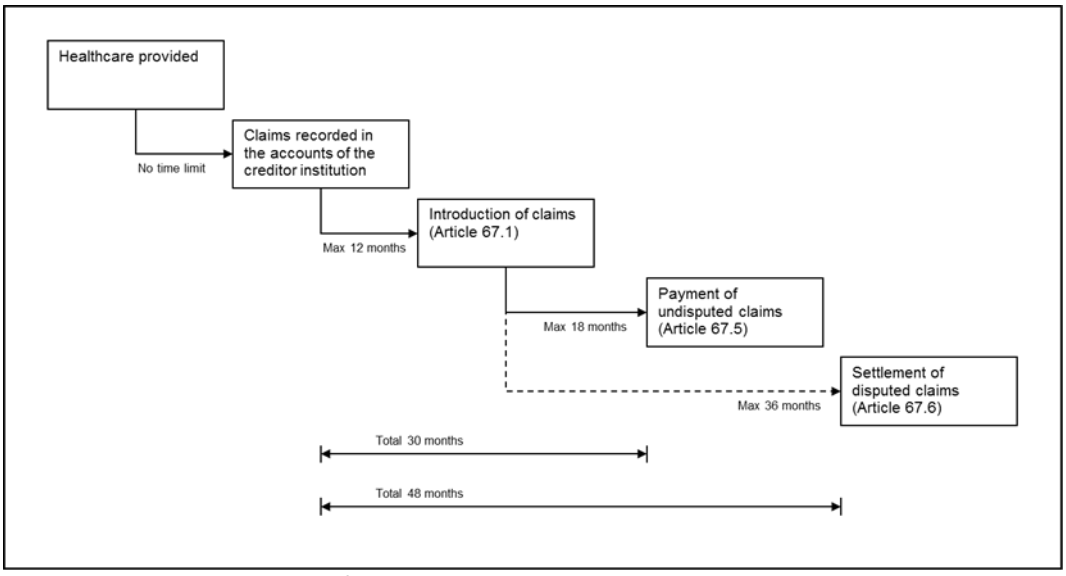
4.1. Methodological issues

A distinction has to be made between the reimbursement of costs on the basis of actual expenditure or on the basis of fixed amounts.[13] With regard to the calculation of reimbursement of costs for healthcare benefits in kind provided by another MS, according to Article 62 of Implementing Regulation 987/2009 the amount refunded has to be calculated on the grounds of the real expenses according to the accounting of the respective institution. Only in special cases may the calculation be done on the basis of a lump-sum payment.[14] The EHIC Questionnaire only refers to reimbursement on the basis of actual expenditure by an E125 form *('Individual record of actual expenditure')*/SED S080 *('Claim for reimbursement')* or an E126 form *('Rates for refund of benefits in kind')*/SED S067 *('Request for reimbursement rates – stay')*. The MS of stay will claim reimbursement from the competent MS using the E125 form/SED S080 on the basis of the real expenses of the healthcare provided abroad. The competent MS will use an E126 form/SED S067 to establish the amount to be reimbursed to the insured person who paid the healthcare treatment him/herself. The form will be sent to the MS of stay in order to obtain more information on the reimbursement costs.

The period between treatment and reimbursement will differ if the reimbursement is asked by the MS of stay (using the E125 form/SED S080) or by the insured person concerned. Article 67 of Regulation (EC) No 987/2009 lists the following deadlines on actual expenditure (using the E125 form/SED S080):

- 67(1): deadline for the introduction of claims based on actual expenditure;
- 67(5): deadline for the payment of undisputed claims;
- 67(6): deadline for the settlement of disputed claims.

Figure 1 Maximum deadlines for claims based on actual expenditure (using the E125 form)



Source A.C. Note 593/11

[13] Articles 62 (reimbursement on the basis of actual expenditure) and 63 (reimbursement on the basis of fixed amounts) of Regulation (EC) No 987/2009.
[14] Article 63 (2) of Regulation (EC) No 987/2009.

The reader should be aware of the fact that between the date when the healthcare was provided and the date when the reimbursement claim was paid by the competent MS more than 30 months can pass (even more for disputed claims). The current EHIC Questionnaire only asks the number of E125 forms/SEDs S080 received/issued in 2013 and the related amount. All claims related to an E125 form/SED S080 should be introduced within 12 months following the end of the calendar half-year during which those claims were recorded by the MS of stay. This implies that for 2013 the E125 forms/SEDs 080 received/issued are (mainly) applicable to healthcare provided in 2012. The amount asked in the EHIC Questionnaire refers to the amount indicated on the E125 forms/SEDs S080 issued/received (after a maximum of 12 months) and not to the final amount paid by the competent MS. However, it is not always clear if MSs have interpreted and reported this in a correct way.

The period of time will differ if reimbursement is asked immediately by the insured persons from the competent MS. Among others, no deadlines are defined concerning the settlement procedure *(request by and reply to the E126/SED S067 form)* in the Regulations. Also the date when the insured person asked the competent MS for reimbursement will differ from the date when this is asked by the MS of stay (by an E125 form/SED S080).

One E125 form/SED S080 or E126 form/SED S067 issued/received is not necessarily equal to one treatment or to one insured person. However, knowing the cost of the received healthcare in kind per person or per treatment is more useful compared to the average amount of an E125 or E126 form. For that reason we did not yet calculate this in this report.

The reimbursement to the insured person without determining reimbursement rates by means of an E126 form is provided in some cases on the basis of other 'internal' provisions. E.g. BE: below a certain amount the E126 form will not be issued to the MS of stay to verify the reimbursement rate. The Belgian competent institution will immediately pay the claim.

4.2. Reimbursement claims in numbers and amounts

Regulation (EC) No 987/2009 describes two different procedures to meet the costs of the healthcare provided in the MS of stay. The insured person could ask the reimbursement directly from the institution of the MS of stay (Article 25(4) of Regulation (EC) No 987/2009) (the MS of stay will later claim the reimbursement from the competent MS) or personally covers the cost of the healthcare received and asks for reimbursement by the competent MS after the return (Article 25(5) of Regulation (EC) No 987/2009).

4.2.1. From the perspective of the competent MS

In 2013, the competent MSs received some 1.6 million E125 forms and issued some 80,000 E126 forms. On average 95% of the claims are settled by an E125 form.

Almost all reporting competent MSs (BG, CZ, DK, EE, CY, LV, LT, HU, MT, NL, AT, PL, PT, FI, SE,UK, IS and LI) received the majority of the claims by an E125 form *(Table 3)*. Only in HR most of the reimbursement claims were issued by insured persons after their return and verified by an E126 form. However, this case is not representative as HR joined the EU on 1 July 2013. Most of the claims for treatment received during the second semester of 2013 have not yet been issued by the MSs of stay to HR via an E125 form. Only for SE (27%), IS (24%), BE (19%) and DK (13%) do we observe a

reasonably high percentage of claims issued by insured persons and verified by an E126 form. BE and SK settled most of the claims received via an internal method other than those defined in Articles 25(4) and (5) of Regulation (EC) No 987/2009. However, the total amount which is claimed/paid to/by BE via this other procedure is much lower compared to amounts claimed using the E125 or E126 forms.

Tables A2.3 and A2.4 *(Annex 2)* describe the evolution of the number of E125 forms received and E126 forms issued. Compared to 2009 the number of E125 forms received increased in 2013 by 61%. Also the number of E126 forms issued has increased (30%) in 2013 compared to 2011. Between 2011 and 2013, the number of reimbursements claimed by insured persons after their return (as a percentage of the total number of claims) has increased for BE, BG, DK, EE, MT, AT, PL, SE and IS as the competent MS *(Table A2.5 – Annex 2)*. CY, LV, LT, HU, NL, SK and FI received less reimbursement claims by insured persons after their return (as a percentage of the total number of claims).

Some MSs (EE, IE, LV, PL, PT, SI, IS and CH) reported that they received a (limited) number of SEDs S080. Compared to previous years the number of MSs who received SEDs S080 as well as the number of SEDs S080 which these MSs received have increased.

The budgetary impact of cross-border expenditure related to healthcare treatment during a stay abroad is for almost all reporting MSs limited to less than 1% of total health expenditure (on average even 0.1% of total health expenditure).

The reimbursement claims received from the MSs of stay and from the insured persons will show us the MSs which provided the highest number of treatments during a stay abroad[15] *(Tables A3.1 to A3.12 – Annex 3)*. The MSs of stay which issued the highest number of E125 forms or received the highest number of E126 forms *(but also in terms of the related amount)*, are DE, ES and FR.

4.2.2. From the perspective of the MS of stay or the insured person

Only a limited number of MSs of stay received a relatively high number of E126 forms (compared to the total number of forms (E125 forms issued + E126 forms received)) (more than 10% for BE, BG, LV, HU, RO, NO and CH) *(Table 4)*. This confirms our earlier conclusion that most of the treatments are claimed between MSs and not between insured persons and their competent MS. Tables A4-1 to A4-8 *(Annex 4)* provide more detailed information on the claims issued by the MSs of stay and the insured persons.

Only PT and CZ have issued SEDs S080 in the course of 2013.

Tables A2.3 and A2.4 *(Annex 2)* describe the evolution of the number of E125 forms issued and E126 forms received. Compared to 2009 the number of E125 forms issued has increased in 2013 by 28%. However, compared to 2011 we observe a decrease in the number of E125 forms issued during the last two years. Also the number of E126 forms received has increased (14%) in 2013 compared to 2011. Some MSs of stay (BE, BG, DE, LV, HU, NL, AT and UK) received more E126 forms compared to 2012 (as a percentage of the total number of claims) *(Table A2.5 – Annex 2)*. However, other

[15] However, it must be remembered that one E125 form/SED S080 or E126 form/SED S067 issued/received could contain more than one treatment.

MSs of stay (CZ, DK, EE, CY, LT, MT, PT, RO, SI, IS, LI, NO and CH) received less E126 forms compared to 2012 (as a percentage of the total number of claims).

4.2.3. Confronting both perspectives with each other

In theory the number of E125/E126 forms issued should be equal to the number of E125/E126 forms received. However, when we confront both perspectives with each other this is not the case. Possible reasons for these differences are: a limited number of forms reported (i.e. only forms of the first semester, only forms registered electronically, not all competent institutions have reported figures …), refusals of reimbursement claims etc.

Table 3 Reimbursement by the competent MS, 2013[1]

	E125 received		E126 issued		Claims not verified by E126		Total			Number of forms			Amount (in €)		
Competent MS	*Number of forms (A)*	*Amount paid (in €) (B)*	*Number of forms (C)*	*Amount paid (in €) (D)*	*Number of claims (E)*	*Amount paid (in €) (F)*	*Number of forms/claims G=(A+C+E)*	*Amount paid (in €) H=(B+D+F)*	*% of cross-border expenditure compared to total health expenditure*	*E125 A/G*	*E126 C/G*	*Other E/G*	*E125 B/H*	*E126 D/H*	*Other F/H*
BE	37,132[2]	26,616,666[2]	20,446[3]	8,273,673[3]	50,607	2,799,632	108,185	37,689,971	0.12%[20]	34.3%	18.9%	46.8%	70.6%	22.0%	7.4%
BG	41,084	23,351,670	389				41,473	23,351,670	1.36%[21]	99.1%	0.9%	0.0%			
CZ	32,509[4]	n.a.	700	n.a.			33,209	n.a.	app. 0.2%	97.9%	2.1%	0.0%	n.a.	n.a.	n.a.
DK	7,747[5]	3,500,000[5]	1,177	n.a.			8,924	n.a.		86.8%	13.2%	0.0%	n.a.	n.a.	n.a.
DE	456,054	n.a.[6]	n.a.	n.a.			n.a.	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
EE	4760[7]	3,450,986	468	n.a.			5,228	n.a.	app. 0.5%	91.0%	9.0%	0.0%	n.a.	n.a.	n.a.
IE	20,405[8]	6,782,000[8]	n.a.	n.a.			n.a.	n.a.	app. 1%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
GR	12,086	5,331,357	9[28]	3,125[28]			n.a.	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
ES	n.a.	n.a.	n.a.	n.a.			n.a.	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
FR	217,134	103,429,922	n.a.	n.a.			n.a.	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HR[9]	9	5,284	193	n.a.			202	n.a.		4.5%	95.5%	0.0%	n.a.	n.a.	n.a.
IT	n.a.	n.a.	n.a.	n.a.			n.a.	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CY	3,271	4,200,933	16	n.a.			3,287	n.a.	0.74%	99.5%	0.5%	0.0%	n.a.	n.a.	n.a.
LV	5,004[10]	4,092,270[10]	120[11]	27,806			5,124	4,120,075	0.58%	97.7%	2.3%	0.0%	99.3%	0.7%	0.0%
LT	5,996	5,906,774	571	52,364	10	543	6,577	5,959,681	0.48%	91.2%	8.7%	0.2%	99.1%	0.9%	0.0%
LU	n.a.	n.a.	7,610	n.a.			n.a.	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HU	23,323	14,146,049	1,053	147,327			24,376	14,293,376	0.15%	95.7%	4.3%	0.0%	99.0%	1.0%	0.0%
MT	616	339,714	10	506			626	340,220	0.11%	98.4%	1.6%	0.0%	99.9%	0.1%	0.0%
NL	47,346	85,323,258	595	n.a.			47,941	n.a.	n.a.	98.8%	1.2%	0.0%	n.a.	n.a.	n.a.
AT	63,677	15,827,661	2,852[12]	n.a.			66,529	n.a.		95.7%	4.3%	0.0%	n.a.	n.a.	n.a.
PL	63,734[13]	36,932,979[13]	5,943	751,095			69,677	37,684,074	0.25%	91.5%	8.5%	0.0%	98.0%	2.0%	0.0%
PT	app. 200,000[14]	n.a.	497	n.a.			200,497	n.a.		99.8%	0.2%	0.0%	n.a.	n.a.	n.a.
RO	n.a.	n.a.	213	72,105			n.a.	n.a.	0.39%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
SI	n.a.[15]	n.a.	3,420	37029216			n.a.	n.a.	0.90%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
SK	21,617	7,529,407	1,728		23,189	7,584,899	46,534	15,114,306	0.41%[22]	46.5%	3.7%	49.8%	49.8%	0.0%	50.2%
FI[17]	29,639	8,659,970	321	57,165			29,960	8,717,134	0.06%[23]	98.9%	1.1%	0.0%	99.3%	0.7%	0.0%
SE	34,403	16,443,728	13,027	n.a.			47,430	16,443,728	0.06%[24]	72.5%	27.5%	0.0%	100.0%	0.0%	0.0%
UK	206,005	84,062,951	13,130	n.a.			219,135	n.a.		94.0%	6.0%	0.0%	n.a.	n.a.	n.a.
EU28	**1,533,551**[26]		**74,479**[27]												
IS	898[18]	825,919[18]	289	215,467			1,187	1,041,386	0.12%[25]	75.7%	24.3%	0.0%	79.3%	20.7%	0.0%
LI	645	1,835,898	0	0			645	1,835,898	1 to 1.5%	100.0%	0.0%	0.0%			
NO	n.a.	n.a	1,232	n.a.			n.a.	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CH* **	46,800	31,835,601	n.a.	n.a.			n.a.	n.a.	0.10%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Total	**1,581,894**[26]		**76,000**[27]												

1 n.a.: not available. If an amount was reported in another currency than Euro, the conversion rate for December 2013 was applied.
2 BE: only E125 received electronically.

3 BE: not all competent institutions have answered the questionnaire.
4 CZ: of which 153 individual invoices SED S080 received.
5 DK: only E125 forms received electronically.
6 DE: 52% of the total E125 reimbursements.
7 EE.: of which 82 SEDs S080 received.
8 IE: additional 1,200 SEDs S080 received. Reimbursement cost of € 267,291.5.
9 HR: no relevant figures due to entry EU on 1 July 2013.
10 LV: 4,885 E125 forms received for a total amount of € 4,049,660.5 and 119 SEDs S080 received for a total amount of € 23,914.6
11 LV: This number does not represent the number of administrative cases which have been initiated; for example: could be a situation when E 126/SED S067 had been sent twice within one administrative case on reimbursement of health care costs due to the necessity to get an explanation (more detailed) about the reasons why person is not entitled to reimbursement in accordance with the legislation of the Member State of Stay.
12 AT: this number is too low as not all funds keep statistics on this point.
13 PL: 707 SEDs S080 were received for the amount of € 156,731.
14 PT: only SEDs.
15 SI: In 2013 ZZZS received 9042 E125 forms, for a total amount of € 7,642,227. We keep no record of the number of E125 forms received solely on the basis of EHICs. In 2013 ZZZS received 81 S080 forms for a total amount of 32,615 euro (PT and CZ).
16 SI.: the amount covers all reimbursements made in 2013, some of which may relate to E126 forms issued in 2012.
17 FI: answers reported in Excel document inconsistent with answers reported in Word document.
18 IS: 17 individual invoices were received for an amount of € 5,526.
19 CH received S080 only from CZ.
20 BE: estimate based on ESSPROS data (Total expenditure sickness/ health care in 2011: € 30.8 billion).
21 BG: estimate based on ESSPROS data (Total expenditure sickness/ health care in 2011: € 1.7 billion).
22 SK: estimate based on ESSPROS data (Total expenditure sickness/ health care in 2011: € 3.7billion).
23 FI: estimate based on ESSPROS data (Total expenditure sickness/ health care in 2011: € 14.1 billion).
24 SE: estimate based on ESSPROS data (Total expenditure sickness/ health care in 2011: € 28.8 billion).
25 IS: estimate based on ESSPROS data (Total expenditure sickness/ health care in 2011: € 0.8 billion).
26 EU28 and Total: E125 forms received: if we insert the number of E125 forms received for EL, ES, RO and SI from a previous year EU28=1,542,241 and Total=1,590,624.
27 EU28 and Total: E126 issued: if we insert the number of E126 issued by DE and ES from a previous year EU28=80,948 and Total=82,469.
28 EL: Second semester 2013.
Source Administrative data EHIC Questionnaire 2014

Table 4 Reimbursement to the MS of stay or the insured person, 2013[1]

	E125 issued		E126 received		Total		Number of forms		Amount (in €)	
MS of stay	*Number of forms (A)*	*Amount received (in €) (B)*	*Number of forms (C)*	*Amount received (in €) (D)*	*Number of forms E=(A+C)*	*Amount received (in €) F=(B+D)*	*E125 (A/E)*	*E126 (C/E)*	*E125 (B/F)*	*E126 (D/F)*
BE	30,757[2]	36,602,219[2]	4,317	837,741	35,074	37,439,960	87.7%	12.3%	97.8%	2.2%
BG	1,265	541,605	1,159		2,424	541,605	52.2%	47.8%		
CZ	37,696[3]	n.a.	1,181[4]	n.a.	38,877	n.a.	97.0%	3.0%	n.a.	n.a.
DK	9,172[5]	2,500,000[5]	233	n.a.	9,405	n.a.	97.5%	2.5%	n.a.	n.a.
DE	380,545	n.a.[6]	12,057	n.a.[7]	392,602	n.a.	96.9%	3.1%	n.a.	n.a.
EE	12,723	1,708,472	105	n.a.	12,828	n.a.	99.2%	0.8%	n.a.	n.a.
IE	0	0	app. 600	n.a.	600	n.a.	0.0%	100.0%	n.a.	n.a.
GR	79,755	13,254,001	427	n.a.	80,182	n.a.	99.5%	0.5%	n.a.	n.a.
ES	n.a.	n.a.	8,617	1,748,933	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
FR	79,365	182,339,957	n.a.	n.a.	79,365	182,339,957	n.a.	n.a.	n.a.	n.a.
HR[8]	0	n.a.	2,849	n.a.	2,849	n.a.	0.0%	100.0%	n.a.	n.a.
IT	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CY	5,676	3,360,436	200	n.a.	5,876	n.a.	96.6%	3.4%	n.a.	n.a.
LV[9]	447	156,833	161	5,171	608	162,005	73.5%	26.5%	96.8%	3.2%
LT	1,602	299,335	90	11,182	1,692	310,517	94.7%	5.3%	96.4%	3.6%
LU	n.a.	n.a.	1,150	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
HU	2,071	358,998	295	app. 18000	2,366	376,998	87.5%	12.5%	95.2%	4.8%
MT	2,395	544,757	141	11,757	2,536	556,514	94.4%	5.6%	97.9%	2.1%
NL	35,657[10]	33,144,059[10]	3,731	n.a.	39,388	n.a.	90.5%	9.5%	n.a.	n.a.
AT	200,938	94,714,961	5,076[11]	n.a.	206,014	n.a.	97.5%	2.5%	n.a.	n.a.
PL	107,820	15,346,264	831	63,877	108,651	15,410,140	99.2%	0.8%	99.6%	0.4%
PT	121,000[12]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
RO	1,405	491,840[13]	171	34,494[14]	1,576	526,334	89.1%	10.9%	93.4%	6.6%
SI	13,994	3,668,289	n.a.[15]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
SK	26,717	3,382,684	517	27,731	27,234	3,410,415	98.1%	1.9%	99.2%	0.8%
FI	6,429	4,633,846	n.a.	n.a.	6,429	4,633,846	n.a.	n.a.	n.a.	n.a.
SE	22,514	20,319,489	n.a.	n.a.	22,514	20,319,489	n.a.	n.a.	n.a.	n.a.
UK	3,087	6,733,218[16]	298	n.a.	3,385	n.a.	91.2%	8.8%	n.a.	n.a.
EU28	**1,183,030**[18]		**44,206**[19]							
IS	1,750	751,893	138	291,615[17]	1,888	1,043,508	92.7%	7.3%	72.1%	27.9%
LI	321	209,334	26	16,284	347	225,618	92.5%	7.5%	92.8%	7.2%
NO	1,753	9,420,124	448	n.a.	2,201	n.a.	79.6%	20.4%	n.a.	n.a.
CH* **	43,500	68,578,712	8,173	n.a.	51,673	n.a.	84.2%	15.8%	n.a.	n.a.
Total	**1,230,354**[18]		**52,991**[19]							

1 n.a.: not available. If an amount was reported in another currency than Euro, the conversion rate for December 2013 was applied.
2 BE: E125: only figures for the first semester 2013. In 2012, BE has issued 59,820 E125 forms equal to an amount of € 68.9 million.
3 CZ: number of SEDs S080 issued.

4 CZ: only received by the Centre for International Reimbursements. There are no statistics concerning the number of requests which were sent directly to the particular health insurance funds.
5 DK: only E125 forms which are registered electronically.
6 DE: 35.7% of total reimbursement claims by E125 form.
7 DE: <€100: 4,281 cases; >€100<€1,000: 6,531 cases; >€1,000: 1,245 cases.
8 HR: no relevant figures due to entry EU on 1 July 2013.
9 LV: answers reported in Excel document differ from answers reported in Word document due to the different understanding of the question.
10 NL: number of E125 forms issued on the basis of PRCs: 2,483. Amount: € 7,111,427.
11 AT: this number is too low, as not all funds keep statistics on this point.
12 PT: only SEDs issued.
13 RO: 2,181,850 RON. Conversion rates applied for December 2013.
14 RO: 153,020 RON. Conversion rates applied for December 2013.
15 SI: ZZZS received 174 E126 forms in 2013. We keep no separate records of these reimbursements.
16 UK: 5,603,047 GBP. Conversion rates applied for December 2013.
17 IS: 4,789,489 ISK. Conversion rates applied for December 2013.
18 EU28 and Total: E125 forms issued: if we insert the number of E125 forms issued by ES from a previous year EU28=1,630,668 and Total=1,677,992.
19 EU28 and Total: E126 received: if we insert the number of E126 received for IT, PT, SI, FI and SE from a previous year EU28=50,734 and Total=59,519.

Source Administrative data EHIC Questionnaire 2014

5. Practical and legal difficulties in using the EHIC

5.1. Inappropriate (abusive or fraudulent) use of the EHIC

Many MSs (BG, DE, IT, LV, LT, HU, NL, AT, PL, PT, RO, SK, FI, UK, IS, LI and CH) are confronted with cases of inappropriate use of the EHIC by persons who are no longer insured *(Table A1.4 – Annex 1)*. However, in relation to the total number of EHICs issued this phenomenon is rather marginal. The result of this inappropriate use, however, may be problematic for the MS of stay which has to claim a reimbursement which will probably not be accepted by the competent MS. It is therefore important to limit inappropriate use and the resulting refusal of repayment as much as possible. Such actions to avoid misuse were already defined by Decision No S1 of 12 June 2009 concerning the EHIC (i.e. cooperation between institutions in order to avoid misuse of the EHIC, the EHIC should contain an expiry date …).

Isolated individual cases of inappropriate use were reported by BE (generalised purchase of medicines in NL), CZ and PL (some counterfeited or modified EHICs).

Only IE and UK are aware of intermediaries charging for advice on the application of the EHIC. Both MSs have already taken action, especially by stressing on their official website that the application is free of charge.

5.2. Refusal of the EHIC by health care providers

The data collected provides for a distinction between refusals of the EHIC by health care providers of the reporting MSs and refusals by health care providers of other MSs *(Table A1.5 – Annex 1)*. However, we expect that for both similar reasons will appear.

Reasons for a refusal of the EHIC by health care providers of the reporting MSs are:
- a lack of knowledge of procedures (BG, CZ, HR, NL, RO, SK and IS);
- an incomplete EHIC (PL);
- considered as planned healthcare (EE, LU and PL);
- the scope of 'necessary health care' (PL, RO and FI);
- a private healthcare provider (CH):
- preference of cash payments (BG, AT);
- failure to pay or late payment (SK);
- administrative burden (PL and SK).

MSs try to solve these cases by explaining the rules (CZ, HR, PL and IS) or by properly investigating the reported cases (EE and RO).

Reasons of a refusal of the EHIC by healthcare providers of other MSs known by the reporting MSs are:[16]
- a lack of knowledge of procedures (EE, IT, LV, HU and PT);
- the absence of a microchip (or unreadable) (IT, AT and PL);
- EHIC in another language (EE and PL);
- doubts about the entitlement/validity of the EHIC (PL and PT);
- length/interpretation of 'temporary' stay (IT, HU and SK);

[16] Reporting MS between brackets (and not the MS of stay).

- considered as planned healthcare (BE, IT and PT);
- scope of 'necessary health care' (IT, HU and PT);
- private healthcare provider (BE, IE, NL and PT);
- private insurance (IT);
- the high cost of the treatment (IT);
- preference of cash payments (RO);
- 'Hidden refusal'[17] (IT, LV, PL and NO);
- failure to pay or late payment (IT, PL and RO);
- administrative burden (AT and SK).

MSs try to solve these cases by contacting the foreign liaison body (CZ and DE) or the foreign health care provider (CZ).

Despite the efforts of MSs to raise awareness among the health care providers, still most of the reported problems could be related to a lack of knowledge. However, also interpretation problems arise regarding the scope of 'necessary healthcare' and the (thin) line between necessary healthcare and planned healthcare. It proves the necessity of awareness-raising campaigns both for the insured persons and the health care providers. But, also the material scope of the Regulation (limited to public healthcare) causes some difficulties. It should be clear for the insured person if the health care provider in the MS of stay has a public or private character. Some health care providers also evade/avoid reimbursement procedures sometimes due to reasons of administrative burden and the applied deadlines on actual expenditure. Still, perhaps these are only specious arguments to receive cash payments immediately.

We are not aware of the extent to which EHICs are refused by health care providers. Some MSs were not aware of refusals to accept EHICs by health care providers of the MS of stay (DK, FR, MT and LU). Some MSs were confronted with only a few cases (i.e. HR, CY, NL, FI, UK and IS) and other MSs received numerous reports of refusals (i.e. IT) or considered it as a continuous problem (i.e. AT, PL). However, it seems that some of the reported problems are more concentrated in certain MSs.

For example, in 2013 the European Commission launched infringement proceedings against ES due to the administrative practice of various Spanish hospitals – concentrated mainly in tourist areas – to refuse to accept the EHIC if the patient was in possession of travel insurance. These hospitals refused the EHIC for public healthcare, but then provided private healthcare to the patient, the cost of which was then charged to the travel insurance provider. As the travel insurance providers became aware of this malpractice and refused to pay, the hospitals billed the insured persons directly for the cost of the private healthcare. In response to the infringement, the Spanish Ministry of Health issued new guidance on the acceptance of the EHIC for its health care providers in July 2013.

5.3. Alignment of rights

Despite the Administrative Commission Decisions[18] and the Commission's explanatory notes[19] on the matter, several reporting MSs (BE, BG, CZ, DK, EE, IT, CY, LV, HU, NL,

[17] Treatment on the basis of an EHIC, but invoice afterwards sent to the insured person and not via the appropriate reimbursement procedure (E125 form).
[18] Decision S1 indicates that all necessary care is covered by the EHIC, and Decision S3 defines specific groups of benefits which have to be considered as 'necessary care', namely (1) benefits in conjunction with pregnancy and childbirth, (2) benefits in conjunction with pre-existing and chronic diseases and (3) necessary care for which a prior agreement with the specialised medical unit is required.

AT, PL, PT, RO, FI, UK, IS and NO) signalled difficulties in connection with the interpretation of 'necessary health care' *(Table A1.6 – Annex 1)*. Health care providers of the MSs of stay may refuse to provide health care on the basis of an EHIC, or competent MSs may refuse reimbursement of the provided health care due to too narrow or too broad an interpretation of 'necessary health care'. There appears to be a lack of a consistent interpretation between MSs, but even within these MSs, between health care providers.

First, health care providers struggle with making a correct distinction between 'necessary health care' and 'scheduled health care'. Some MSs of stay may ask to issue a PD S2 even in cases of 'necessary care'. Even for types of benefits that are defined in Decision S3 and covered by the EHIC, some MSs report difficulties, such as cases of dialysis treatment (reported by DK), childbirth (reported by DK, PL, FI and IS), chemotherapy (reported by DK and PL), the purchase of medicines (reported by BE), chronic diseases (reported by PL and FI) and long periods of hospitalisation (reported by PL). Second, some health care providers may narrow 'necessary health care' down to 'emergency care'. This was reported by EE, HU, NL and PT.

5.4. Invoice rejection

A distinction shall be made between the invoices (E125 forms) received but rejected by the reporting MS and the invoices (E125 forms) issued by the reporting MS but rejected by other MSs *(Table A1.7 – Annex 1)*.

Multiple reasons were reported to refuse an invoice received by the reporting MS:

- Invalid EHIC at the moment of treatment (= not insured in the competent MS) (CZ, FR, CY, LV, SI and FI)
  Of which
  - date of treatment before EHIC was issued (EE and AT).
- Incorrect designation (LV).
- Incomplete E125 form (IT, PL, PT and FI)
  Of which
  - wrong personal ID number (CY);
  - missing EHIC ID number (PT);
  - invalid EHIC ID number (UK);
  - insufficient information concerning the EHIC (LV).
- Duplication of claims (PL and FI).
- Already reimbursed on the basis of an E126 form (PL).
- Doubts about medical necessity (AT).
- Considered as planned treatment (PL).
- Not found in the database of the competent MS (CY).
- Not the competent MS (IE, PL and FI).
- False EHIC (FI).
- Person deceased for the period claimed (UK).

Reasons to refuse an invoice issued by the reporting MS were:[20]

- Invalid EHIC at the moment of treatment (= not insured in the competent MS) (BE, CY, HU, SI, FI, UK)
  Of which

[19] Explanatory notes on modernised social security coordination Regulation (EC) Nos 883/2004 and 987/2009 are available at http://ec.europa.eu/social/main.jsp?catId=867.
[20] Reporting MS between brackets (and not the competent MS which refused the claim).

  - date of treatment before EHIC was issued (NL and FI).
- Incomplete E125 form (IS)
  Of which
  - difficulties to identify insured person (PL).
- Duplication of claims (BE and FI).
- Already reimbursed on the basis of an E126 form (BE).
- Covered by an E121 form (CY).
- Considered as planned treatment (BE).
- Not the competent MS (CY and FI).
- Priority entitlement in the home MS (NL).

In order to avoid treatment before the EHIC was issued, some MSs propose to include the starting date on the EHIC (IT, NL and CH).

Despite the high number of MSs which are aware of rejections of invoices by themselves or by other MSs (and this for numerous reasons), it seems a rather marginal problem when confronting the number of rejections with the total number of E125 forms issued/received. For BE (0.5%), CY (5.1%), HU (9.1%), SI (1.0%) and UK (0.5%) we were able to calculate the rejection percentage of the number of E125 forms received and for CY (0.9%), AT (1.6%) and SK (0.3%) the rejection percentage of the number of E125 forms issued. Even a rather high number of MSs is not aware of invoices rejected by themselves (BE, DK, EE, HR, LT, LU, MT, RO, LI, NO and CH) or by other MSs (BG, CZ, DK, IE, FR, HR, LT, LU, MT, RO, LI, NO and CH).

5.5. Enquiry and complaint management

Most of the MSs could not report the number of enquires and complaints received related to the use of an EHIC. The number of enquiries or complaints received by the reporting MSs is rather limited (BG, EE, LT, MT, UK and NO). PL reported a (remarkably) high number of inquiries received *(Table A1.9 – Annex 1)*. RO reported 16,317 enquiries/complaints without making a distinction between both.

Conclusion

The issuing procedure and period of validity applied by competent MSs have an impact on the annual number of EHICs issued and on the number of valid EHICs in circulation. Compared to the previous two years, the number of EHICs issued in 2013 shows a small decrease. More important, however, is the positive evolution of the number of EHICs in circulation, approaching for 2013 almost 200 million.[21] The total number of EHICs in circulation has risen between 2009 and 2013 by 6%, by 4% compared to 2012. About 37% of the total number of insured persons living in a reporting competent MS has a valid EHIC. The applicable procedures and periods of validity also influence the administrative burden of the competent institutions. Some MSs may extend the period of validity by reason of saving administrative costs.

About 0.1% of total health expenditure is related to necessary healthcare treatment during a temporary stay abroad. Most of the reimbursement claims (95%) are settled between MSs via an E125 form, indicating a widespread and routinised payment and reimbursement procedure. The share of the payments involved is even higher via this procedure, which indicates that the reimbursement claimed by the insured person directly in the competent Member States is related to smaller amounts.

Despite the exhaustive reporting of MSs about the practical and legal difficulties they experience, the reported problems seem rather marginal compared to the annual number of provided healthcare treatments during a temporary stay abroad. Still, some issues, such as the lack of awareness about the use of the EHIC amongst insured persons and health providers, require continuous attention and action in order to further improve the EHIC system.

[21] Including the estimate for some MSs based on a previous year.

Annex 1 Qualitative input from the reporting MSs

Table A1.1 Reported changes regarding the period of validity, 2013

MS	Changes: YES/NO	If YES, which change:
BE	YES	BE has brought the validity period for pensioners' cards into line with the validity period for workers (1 or 2 years).
BG	NO	
CZ	NO	
DK	NO	
DE	NO	
EE	NO	
IE	NO	
GR		
ES		
FR	NO	
HR	YES	One year in general, two years max for posted workers and their family members (or for the period of posting), 4 years or more for diplomatic and consular personnel and their family members.
IT	NO	
CY	NO	
LV	NO	
LT	NO	
LU	NO	
HU	NO	
MT	NO	
NL	YES	Most insurers did not change the period of validity. One insurer changed the period of validity from 1 to 3 years to reduce costs.
AT	NO	
PL	NO	
PT	NO	
RO	NO	
SI	YES	The Health Insurance Institute of SI (ZZZS) decided that, from 12 January 2013 onwards, EHICs would be issued to pensioners, family members entitled under them and children under the age of 18 years, if they are not insured persons themselves, for a period of 5 years or until they reach the age of 18 years. This change to the validity of EHICs concerns categories of insured persons which are unlikely to lose compulsory insurance or to be included in compulsory insurance in other EU MSs and for which there is no evidence of misuse of cards.
SK	NO	But one health insurance institution will change the period of validity in 2014.
FI	NO	
SE		
UK	NO	
IS	YES	In the year 2013 it was decided to prolong the validity periods of the EHICs mainly for economic reasons. The validity period is 3 years. For pensioners the validity period is 5 years.
LI	NO	
NO	NO	
CH	NO	

Source Qualitative input EHIC Questionnaire 2014

Table A1.2 Reported changes in issuing and withdrawal procedures, 2013

	Changes of the issuing procedures EHIC		Time needed to issue an EHIC	Changes of the issuing procedures PRC		Changes of the withdrawal procedure of the EHIC	
MS	**YES/ NO**	**If YES, which:**		**YES/ NO**	**If YES, which:**	**YES/ NO**	**If YES, which:**
BE	NO			NO		NO	
BG			Up to 14 working days.	NO		NO	
CZ	NO		Around 2 weeks.	NO			
DK	NO		No changes *(10 days in 2012)*.	NO		NO	
DE	NO		The time needed will differ between competent institutions. The maximum duration is 4 weeks. In practice, this period will be shorter.	NO		NO	
EE	NO		The maximum time by law is 10 days, but in reality it takes approximately 4-5 days if ordered electronically.	NO		NO	Remark: The card is not withdrawn, but the person is informed that they may no longer use the card.
IE	NO		Majority of cards are issued within 7 days.	NO		NO	
EL							
ES							
FR	NO		4.64 days	NO		NO	
HR		The issuing process was determined by Ordinance on the European Health Insurance Card which came into force in 2013. It can be requested in person, or online through our web page. Posted workers need to provide a copy of PD A1, if they are requesting an EHIC to be issued for a period longer than one year.	8 days		The issuing process was determined by Ordinance on the European Health Insurance Card which came into force in 2013. In person, or if insured person is already abroad, by any means possible (telephone, fax, e-mail). If they have to leave suddenly and cannot wait for 8 days for the EHIC to be issued, if their EHIC was stolen or lost, if their insurance lasts for less than a month.	Insured person is obligated to return the EHIC, once they lose a status of insured person.
IT	NO		About 15 days	NO		NO	
CY	NO		An EHIC is issued immediately upon the submission of the application form.	NO		NO	
LV	NO		Issuing process of EHIC is quite prompt. 1) If it is possible to identify immediately person's rights to receive the state budget funded health care services: a) and person submits application personally – competent institution issues EHIC on the date of application (normally it takes 5 minutes); b) and person submits application by post - competent institution sends EHIC by post within 3 days after receive of persons application. 2) If it is not immediately possible to	NO		NO	

MS	Changes of the issuing procedures EHIC YES/ NO	If YES, which:	Time needed to issue an EHIC	Changes of the issuing procedures PRC YES/ NO	If YES, which:	Changes of the withdrawal procedure of the EHIC YES/ NO	If YES, which:
			identify person's rights to receive the state budget funded health care services – immediately after receiving and considering all necessary information.				
LT	NO		It takes from 1 to 14 days at the longest to receive an EHIC. In case when person presented the request to issue EHIC personally at THIFs, EHIC was issued on the spot. When the person presented the requests by fax or internet EHIC was issued during the period up to 14 days.	YES	It is determined that the PRC could be requested directly by the healthcare provider during the treatment period of an insured person. In other cases LT issues PRC only via an E107 form.	NO	
LU	NO		13 days	NO		NO	
HU	NO		No changes compared to the reply concerning 2012 *(immediately at the desk, otherwise within 30 days)*	NO		NO	
MT	NO		On average it takes 5 working days from the receipt of the completed application form to issue an EHIC.	NO		NO	
NL	YES		Few minutes (when automated) to 3-8 days (postal delivery) to maximum 10 working days.	NO		NO	
AT	NO		It takes an average of 5 days for an EHIC to be issued.	NO		NO	
PL	NO		If person submitted the application personally in the Regional Branch of the NFZ (National Health Fund) and if there are no doubts regarding the person's situation with regard to insurance, the EHIC is issued immediately after the application was verified. In case of applications submitted via post, e-mail or fax, applications are dealt with within maximally 3 working days from the receipt date registered in the Regional Branch of NFZ.	YES	An uniform template of an application for the issuance of the Provisional Replacement Certificates (PRC) was developed.	NO	
PT	NO		On average it took 5 days for an EHIC to be issued. There has been no improvement in 2013.	NO		NO	
RO	NO		The EHIC is issued within 7 working days since the date of recording the application in the unique national information system.	NO		NO	
SI	NO		As a rule, insured persons receive the card within 4 working days of the date of request; it is sent by post to place of residence in SI.	NO		NO	
SK	NO		No change *(4 to 14 days)*.	NO		YES	Insured person is obliged to return the

MS	Changes of the issuing procedures EHIC: YES/ NO	Changes of the issuing procedures EHIC: If YES, which:	Time needed to issue an EHIC	Changes of the issuing procedures PRC: YES/ NO	Changes of the issuing procedures PRC: If YES, which:	Changes of the withdrawal procedure of the EHIC: YES/ NO	Changes of the withdrawal procedure of the EHIC: If YES, which:
							EHIC to the competent institution within 8 days after the date of ending the public health insurance in SK. The obligation and the deadline are stipulated by national law. One health insurer informs the insured person about its obligations by letter, email phone call. Insured person who does not return the EHIC is reported to the Health Care Surveillance Authority. HCSA can financially penalize these insured persons.
FI	NO		The process takes about 2 weeks. No changes compared to 2012.	NO		NO	
SE							
UK	NO		On average an EHIC takes 5-7 days to be issued. No change since previous survey.	NO		NO	
IS	NO		It was 2-3 working days in 2012 but in 2013 it takes 7-10 working days due to changes in our mailing services.	NO		NO	
LI	NO		No changes in relation to 2012.	NO		NO	
NO	YES	It is no longer possible to order the EHIC by SMS due to security reasons.	We have a maximum limit of 10 days from receiving a request to issuing an EHIC. No significant change from 2012.	NO		NO	
CH	NO		It takes normally between 10 days and 4 weeks	NO		NO	The institutions ask the insured persons to send the EHIC back or to destroy it.

Source Qualitative input EHIC Questionnaire 2014

Table A1.3 Available information for the insured persons and the health care providers, ongoing or newly introduced during 2013

	Information for the insured persons		Information for the health care provider	
MS	**YES/NO**	**If YES, which:**	**YES/NO**	**If YES, which:**
BE	YES	Information permanent available on the websites and notices are regularly published in our members' magazine. Brochures are available for our policyholders.	YES	Information for health care providers - mainly hospitals - is provided through informal contacts.
BG	NO	We have not introduced mass media information campaigns in 2013.	NO	
CZ	YES	The Centre for International Reimbursements issues leaflets and brochures annually.	YES	The Centre for International Reimbursements issues leaflets and brochures annually.
DK	NO		NO	
DE	YES	In general, by press, mailing, magazines, flyers. By seminars and publications of DVKA.	YES	By DVKA.
EE	YES	There were no campaigns, but, as usual, we did inform the insured persons via newspaper articles.	YES	In connection with transposing the Directive on patients' rights, we visited major hospitals and health care providers and among others talked about the EHIC. We also renewed the EHIC-related appendices of the contracts we conclude with health care providers.
IE	NO	No dedicated awareness campaigns during 2013 but there are regular updates on our EHIC website.	YES	Our service providers are updated by their representative bodies.
EL				
ES				
FR	YES		NO	
HR	YES	There were many public campaigns in 2013, as HR has entered the EU on 1 July 2013. It involved TV, newspapers, new webpage, brochures, interviews etc.	YES	We have an ongoing initiative to improve health care provider's knowledge of the EHIC. It includes notifications and instructions sent to them by post before the start of the tourist season, and also through web portal called CEZIH.
IT	YES	Normally the competent institutions (ASLs) provide useful information on the regularly updated website of their institution to insured persons from other MSs who are in IT and to insured persons of the ASLs who are in other MSs. In addition, information guides and pamphlets are often produced, sometimes in other languages as well, which clarify the requirements for exercising the right to assistance. ASL staff also provides information to insured persons verbally on request. Lastly, in simple cases information can also be provided by telephone on request.	YES	Initiatives organised by the competent institutions (ASLs) are ongoing. As a rule, they produce guides for operators who work in front offices and at reception. In addition to these initiatives, there are training courses for healthcare and administrative staff and training courses for doctors. In certain areas where there is a large influx of tourists, administrative assistants with the role of interpreter are trained in order to support doctors during the tourist season.
CY	NO		YES	Information initiatives for health care providers were taken, in order to improve their knowledge of the EHIC, through written instructions (circulars) and training provided to personnel involved.
LV	YES	Informative campaigns only concerning EHIC have not been performed in 2013. But, in some informative activities on health care issue have been provided information concerning the use of EHIC (type of activities: participation in seminars concerning health care; publications in newspapers; TV news; usually such activities have been initiated by other interested parties (journalists, other governmental institutions; associations, NGO, etc.)).	NO	But, regular cooperation with health care providers concerning the use of EHIC has been performed (consultations, informative letters) in 2013 (on a case-by-cases basis by the request of health care provider).
LT	YES	The National Health Insurance Fund published a new leaflet about the EHIC in 2013.	YES	Information about EHIC was published at the web page of the National Contact Point for Cross-border Care.
LU	NO		NO	
HU	NO		NO	
MT	YES	Public Information campaigns regarding EHIC continued in 2013 through participation in public events and television.	YES	Meetings were organised with respective service providers to provide information about EHIC and its use in care settings.
NL	YES	Insurers post and update information about the EHIC on their websites. Some insurers provide information on the EHIC together with annual policy updates. Also, when registering new customers over the course of the year insurers	NO	

	Information for the insured persons		Information for the health care provider	
MS	**YES/NO**	**If YES, which:**	**YES/NO**	**If YES, which:**
		provide them with information on the EHIC.		
AT	YES	Press releases were published recently, and new information brochures produced. To some extent insured persons were also informed through new radio broadcasts and the press.	YES	Initiation training for new contract partners includes providing them with information on the use of the EHIC. In principle our health care providers are very well informed. Any uncertainties are cleared up on a case-by-case basis.
PL	YES	In 2013 the National Health Fund launched an informative and educational campaign addressed to children and adolescents entitled "EHIC for near and far journeys". The target of the campaign consists of children and adolescents aged 6-18 years as well as their parents and guardians. With regard to parents the campaign referred to the need to protect their child from results of accidents or sudden illnesses. Within the framework of the campaign, three types of posters dedicated to particular age groups - primary school students, middle school students and secondary school students were published.	YES	Via the Portal and the websites of each regional branches of NFZ (National Health Fund), health care providers have permanent access to information on the EHIC and rules for providing and settling benefits under the EHIC card. At the same time, both employees of the Polish liaison body, and in particular employees of Regional Branches provide answers to the questions addressed by health care providers regarding documents certifying people's entitlements to benefits under the coordination regulations, the settlement method and method of writing prescriptions. Furthermore, in certain administrative regions of Poland, training courses were organised which were directed to health care providers and covered the scope of informing about health benefits and rights to which patients are entitled, also pursuant to coordination provisions.
PT	NO		NO	
RO	NO		YES	The competent institutions have been warned to take legal steps to be taken for non-compliance by health care providers with whom they are in contractual relationship, a contractual obligation to provide necessary medical card holders issued by one of member states of the EU/EEA. Were also warned to take measures to ensure that health care providers, medicines and medical devices operating in the health insurance system, to easily recognize and accept EHIC under single model and uniform specifications across all MSs of EU/EEA and Switzerland, regulated by Decision no. S1 of 12 June 2009 concerning the EHIC and Decision no. S2 of 12 June 2009 concerning the technical specifications of the EHIC.
SI	NO	In 2013, as in previous years, the ZZZS (Health Insurance Institute) regularly informed the media by means of press conferences or communications whenever the legislation was amended. Every time a change is made, the information available on the ZZZS's website, the ZZZS's telephone answering service and the teletext of RTV Slovenija (Slovenian radio and television) is updated accordingly. In particular, before the start of the tourist season, the ZZZS informs insured persons of innovations and how to receive health services abroad.	NO	The ZZZS (Health Insurance Institute) regularly informs health-care providers of any changes and innovations relating to the use of the EHIC through the media and in particular through regular official contacts and by circulars and instructions. Health-care providers can also find all the information on the ZZZS's website.
SK	YES	All information for the insured persons is listed on the websites of health insurances and information about changes of EHIC issuing on the other side national card was published in the media.	YES	All information for healthcare providers are published on website of health insurance companies or in magazines issued by the health insurance company.
FI	NO	No campaigns were ongoing or introduced in 2013. From 1.1.2014 onwards the pensioners who live in another EU or EEA MS or in CH but who only receive pension from FI (FI is thus responsible for their health care costs as the competent MS) are, during their stay in FI, eligible to receive all medical care in accordance with the Finnish legislation. Until 31.12.2013 these pensioners were, during their temporary stay in FI, only entitled to receive medically necessary care. Because of the change Kela has issued the pensioners new EHIC-cards, where the information on the back side of the card about the right to medical care in FI, has been updated. When the pensioners were issued the new updated EHIC-cards, there was also an information letter sent to them about the change in their entitlement to medical care in FI. Kela has also informed the pensioners about this change by press release and on its	NO	No campaigns were ongoing or introduced in 2013.In December 2013 Kela has in a letter informed the health care providers about the change in the pensioner's right to medical care during their temporary stay in Finland (see the previous answer). Kela has also informed the health care providers about this change on its webpages. In autumn 2013 related to the national implementation of the Directive on the application of patient's rights in cross border health care (2011/24/EU), Ministry of Social Affairs and Health, Kela and the Association of Finnish Local and Regional Authorities organised one day training sessions about cross-border health care issues to the Finnish hospital districts, in all 20 training days.

	Information for the insured persons		Information for the health care provider	
MS	**YES/NO**	**If YES, which:**	**YES/NO**	**If YES, which:**
		webpages in December 2013.		
SE				
UK	YES	The UK is working in partnership with the Valencia Health Authority, to deliver public information on the rights and entitlements of UK EHIC holders visiting, or living in ES. Information has been delivered through: a dedicated interactive website with information on the EHIC and how to access state healthcare in ES, leaflets, 20 public meetings explaining how to access healthcare in ES, 18 meetings with health professionals to explain UK funding and what is covered by the EHIC, and weekly newspaper and radio adverts with associated interviews and supporting articles. We also received agreement, in principle, to extend this campaign through digital means to other autonomous communities in ES.	YES	In 2009 the UK developed an internet based web portal to enable the National Health Service to report EEA visitor treatments to the Overseas Healthcare Team. The Overseas Healthcare Team regularly review the web portal claim data and target hospital trusts who appear to be underperforming – and will offer workshops where appropriate. OHT also present at quarterly Overseas Visitors Managers Events, which are held around the country.
IS	NO	But in the year 2014 we intend to make some changes to the procedure which will then be advertised.	NO	But in the year 2014 we intend to make some changes to the procedure which will then be advertised.
LI	YES	Information via the insurance journal normally once a year during the holidays (including information about the EHIC)	NO	
NO	NO		YES	The competent institution provides the press information about the EHIC each spring in order to raise the public awareness of the EHIC. We are also continuously working to improve our health care providers' knowledge of the EHIC through cooperation with the Norwegian public hospitals coordinating overseas Network. In 2013 we had a presentation for more than 100 representatives from 15 different Norwegian public hospitals to inform about the EHIC and reimbursement in the Norwegian health care system in general.
CH	NO		YES	Information sheet for the health care providers is available on the website of the Swiss liaison body. It informs about the use of the EHIC in CH.

Source Qualitative input EHIC Questionnaire 2014

Table A1.4 Inappropriate use of the EHIC

	Inappropriate use		Other cases of fraud		Intermediaries charging for advice	
MS	**YES/NO**		**YES/NO**		**YES/NO**	
BE	NO		YES	The main case known to us is the use of the EHIC for the generalised purchase of medicines in NL.*	NO	
BG	YES		NO		NO	
CZ	YES	Less than 100 cases.	YES	Only a few cases.	NO	
DK	NO		NO		NO	
DE	YES	Some cases. Not able to quantify.				
EE	NO		NO		NO	
IE	NO		NO		YES	The HSE are aware that such websites exists and are currently under investigation with the relevant bodies. One such website is www.hse-ehic.net. Our official EHIC website emphasis that application is free to all.
EL						
ES						
FR	NO		NO		NO	
HR	NO		NO		NO	
IT	YES	In certain cases, after an insured person had been treated on the basis of an EHIC that was valid because it had not expired (paragraph 4 of Decision S1/2009), the competent institution of the other MS disputed the submission of the claim on the grounds that the card was not yet valid when the treatment was provided. The problem persists already for several years and is likely to prove difficult to solve.**	NO		NO	
CY	NO		NO		NO	
LV	YES	Often (especially, when dealing with administrative cases for reimbursement of medical expenses) it is possible to presume that person is employed in MS where health care services have been provided (i.e., in accordance with the provisions set by law in such cases person is not entitled to use EHIC issued by the Competent institution).	NO		NO	
LT	YES	The National Health Insurance Fund (NHIF), Lithuanian liaison body, has faced with several cases of inappropriate use of the EHIC by persons who were no longer insured under Lithuanian compulsory health insurance scheme during the year 2013. After the NHIF has already covered the costs of the treatment provided on the basis of valid Lithuanian EHIC, it has turned to the persons concerned in order to recover these				

	Inappropriate use		Other cases of fraud		Intermediaries charging for advice
MS	**YES/NO**		**YES/NO**		**YES/NO**
		expenditures as they had misused the EHIC. The NHIF has got several E125 forms to cover the expenditures of healthcare provided on the basis of the EHICs, but after investigation it was ascertained that the EHICs have been issued later than the period of the treatment.			
LU	NO		NO		NO
HU	YES	No data available	NO		NO
MT	NO		NO		NO
NL	YES	Some insurers state that there were such cases, but unfortunately do not quantify them. One insurer reports 10 cases. Some insurers find it problematic that the EHIC always provides an entitlement to healthcare and the health insurance company is always financially liable without the insurance entitlement being checked by the healthcare provider. One insurer advocates an online system whereby the insurance entitlement can be verified.	NO	No insurer is aware of any cases of fake cards or identity fraud. While it is true that little fraud is found to occur, it should be noted that fraud is difficult to ascertain. This is because the E 125 forms are not very specific. A further obstacle to effectively combating fraud lies in the long processing times involved. One form of inappropriate use that some insurers have flagged up consists of the EHIC sometimes being used for "planned healthcare". Some insured persons who are well informed about their rights know precisely in which cases the EHIC generates (higher) reimbursements. It is difficult to find this out, however, and equally difficult to do anything about it. This lack of control possibilities is perceived as a problem.	NO
AT	YES	In 425 cases an EHIC was presented in another MS even though the holder no longer had a valid insurance relationship in AT at the time.	NO		NO
PL	YES	In 2013, similarly to the situation in previous years, we acknowledged cases of improper use of the EHIC. Most of all, there are situations in which Polish insured persons apply for an EHIC only after they have received benefits in kind abroad. There were also cases where persons received benefits under a valid EHIC but were excluded from the insurance retrospectively. NFZ also receives occasional signals that there are cases of using the EHIC in an EU/EFTA MS by persons other than those to whom the EHIC was issued.	YES	Number of cases of fraud associated with documents entitling to benefits identified in 2013 is marginal. The identified cases include the use of counterfeit or modified cards. In such situations NFZ reports the case to law enforcement authorities.	NO
PT	YES	Though these cases involved only isolated or occasional incidents.	NO		NO
RO	YES	These cases cannot be qualified.	NO		NO
SI	NO		NO		NO
SK	YES	No data available	NO		NO
FI	YES	There are rare occasional cases. These cases do not concern fraudulent use. The question is	NO		NO

	Inappropriate use		Other cases of fraud	Intermediaries charging for advice	
MS	**YES/NO**		**YES/NO**	**YES/NO**	
		more about mistake or ignorance.			
SE					
UK	YES	We know of cases of inappropriate EHIC usage by individuals who no longer reside in the UK, but continue to use a UK EHIC rather than register for healthcare in the MS they have moved to. However, we are unable to quantify the number of such cases.	NO	YES	The NHSBSA is aware of a number of copycat sites who charge for EHIC applications. A number of actions have been implemented to highlight that the official website is free of charge including improving the information on the EHIC carriage letter, noting the website with "The Official Government website where you can order your EHIC for free" and amending meta data to include the word "free" in search engine results. The NHSBSA are working with the Government Digital Service (GDS) on a cross departmental working group addressing online fraud.
IS	YES	Our EHICs have frequently been used after persons are no longer insured under the Icelandic health insurance scheme.	NO	NO	
LI	YES	1 case.	NO	NO	
NO	NO	We are not aware of any concrete cases, but we do have indications of inappropriate use.	NO	NO	
CH	YES	In a minor number of cases	NO	NO	

* BE: The NIHDI (National Institute for Health and Disability Insurance) [RIZIV - INAMI] has established, further to an analysis of the bills invoiced to the Belgian health insurance scheme by its Dutch counterpart, that dozens of people spent more than € 5 000 on medicines in 2010, 2011 and 2012. Although not direct proof, it nevertheless suggests improper use of the EHIC. Key figures from the NIHDI analysis: 61% of the bills sent to the Belgian health insurance scheme by its Dutch counterpart in 2010, 2011 and 2012 were solely for the purchase of medicines, amounting to the sum of € 2.4 million. Around 40 persons have, over these three years, spent over € 5,000 on medicines in the Netherlands. These persons together account for almost € 330,000, or more than 13% of the € 2.4 million.

** IT: One potential solution to the problem would be for the Administrative Commission to agree that the institutions which provide the benefits in the country of temporary stay may request a provisional replacement certificate instead of the card, as these certificates, unlike the card, also indicate the date of the start of validity. Naturally this will make it necessary to tell insured persons to ask their competent institution for the provisional replacement certificate.

Source Qualitative input EHIC Questionnaire 2014

Table A1.5 Refusal of the EHIC by health care providers, 2013

	Refusal in your country		Refusal in another country	
MS	**YES/NO**		**YES/NO**	
BE	NO		YES	* According to our sources, some MSs are refusing the EHIC for treatment associated with pre-existing health complaints on the pretext that these involve scheduled treatment (e.g. FR, ES and UK). * Other health care providers refuse to accept the EHIC on the grounds that they are private operators. * In 2013, we noted that public hospitals in tourist regions in ES were refusing foreign tourists' EHICs. Belgian tourists also encountered this problem.
BG	YES		YES	
CZ	YES	The reasons are usually the lack of knowledge of procedures and the preference of cash payments. Refusals usually concern primary outpatient care, mainly in the locations with a small proportion of foreign patients.	YES	We do not have any information why EHICs are not accepted. However, we presume the reasons are usually the same as in CZ. We usually try to solve the situation directly with the health care provider or a foreign liaison body.
DK	YES	A few cases - due to the lack of knowledge. In those cases we have explained the use of the EHIC.	NO	
DE				
EE	YES	Persons have contacted our trust doctors complaining that they had to pay for health care and their EHICs were not accepted. Such claims were investigated properly. In most cases it turned out that the health care was planned and the doctors acted adequately.		In several cases health care providers in DE have refused EHICs from students, claiming that the EHIC only gives entitlement to emergency care. Our recommendation to students has been to contact the German liaison body directly. There have also been some problems in ES (difficult to find an institution that knows about EHIC), IE (EHIC is not in English), FR.
IE	NO		YES	Aware of treatment being refused on an EHIC but it mostly relates to treatment that was not public.
EL				
ES				
FR	NO		NO	
HR	YES	Since we only entered into the EU on the 1st of July 2013, some health care providers were not familiar with EHIC, even though detailed written instructions were sent to all health care providers within our system. The exact number is not known to us, but it was not a high frequency. We took immediately action, as we have sent our investigators directly to the doctors who have refused to accept EHIC.	YES	Until today, we have received 22 official complaints of such a refusal. All the insured persons have requested a refund of costs from our Fund, and their requests are currently in process. Therefore, at this point in time we do not know exact reasons why their EHIC was refused, but we will have this information soon available.
IT	NO		YES	We received numerous reports of refusals of the Italian EHIC by healthcare providers of the other MSs and this phenomenon has, sadly, continued to grow in 2013. The reasons are the same as those identified in previous years: 1) Imperfect knowledge of the rules applicable to the card; 2) Lack of awareness that the concept of 'medically necessary treatment' is broader than that of emergency care; 3) The high cost of treatments and/or the length of the 'temporary stay' when such concepts are not at all codified in the Community rules; 4) The request for an E112 form (or PD S2) even in cases where the treatments in question appear to be medically essential or even urgent (this request is often made when the treatments are expensive); 5) The absence of the microchip, when Annex I to Decision S2/2009 of the Administrative Commission requires the EHIC to be legible to the naked eye and does not make its use dependent on whether or not the microchip is present; 6) 'Hidden refusal', where the patient is treated on the basis of the EHIC, but then receives the bill at home shortly afterwards, to be paid as quickly as possible, and, due to non-payment, the patient is often pestered by debt collection agencies

	Refusal in your country		Refusal in another country	
MS	**YES/NO**		**YES/NO**	
				claiming interest and additional charges; 7) Another reason for refusing the card is when the insured person has private, voluntary cover. In such cases the care provider has a free choice between providing treatment on the basis of the EHIC or on the basis of the other insurance; 8) The claim that IT does not pay or pays late, which is disproved by the documents on the statement of claims as at 31 December that are drawn up annually by the rapporteur and submitted to the Audit Board; 9) Finally, that the competent institution denies the validity of the EHIC that it issued itself, despite the fact that, when the treatment was provided, the card was still valid.
CY	NO		YES	We are aware of a few cases of refusals to accept EHICs by health care providers established in another MS. The frequency of such refusals cannot be quantified.
LV	NO	The Competent institution has not received written claims concerning refusals to accept EHICs. Mostly health care providers communicate with the Competent institution in cases when they are not sure whether presented document is an EHIC or in cases when they want to find out in which cases EHIC should be accepted.	YES	Reasons indicated by person: health care provider is not aware of EHIC; sometimes health care provider even does not explain the reasons of refusal of EHIC. Often the health care provider initially confirms that the EHIC will be accepted, but send the invoice for health care services afterwards to the person.
LT	NO		NO	
LU	YES	Some cases for treatment that was strongly related to planned care.	NO	
HU	YES	Health care providers claim not to receive the proper reimbursement/financing or they are unaware of how to report treatments. Sometimes providers complain that, unlike in case of Hungarian insured patients, it is not possible to check the cardholders' entitlement online (GPs, specialists, pharmacies and hospitals are obliged to pay a 'fine' if they omit entitlement check by treating Hungarian patients).	YES	In most cases foreign health care providers are obviously unaware of the provisions of Decision S6, or they apply it in different ways. Generally, the distinction between "immediately necessary" or urgent and "medically necessary" treatment seems to be difficult under the MSs' respective national legislations. Sometimes the problem is the different interpretation of the notions "temporary" and "stay".
MT	NO		NO	
NL	YES	Very occasionally some healthcare providers are not familiar with the settlement procedure. In such cases, they are contacted and provided with information. This happens about 10 times a year, i.e. sporadically.	YES	1) One insurer reports that in 2011 and 2012 considerable problems were still being encountered with *Gestitursa* in ES and PT, but that there were appreciably fewer such problems in 2013. 2) One insurer reports that this happens, but the frequency is not known. In such cases, the public safety answering point or the healthcare provider is contacted. 3) One insurer reports that it does not actually hear about this from insured persons. Rather, what is striking is that insured persons often seek subsequent refunds. This could be an indication that insured persons have had difficulties getting their EHIC cards accepted. 4) What is more, it is not always clear to an insured person who is abroad whether a hospital is private or state-run. It is the private hospitals that refuse to accept the EHIC. If an insured person rings the insurer, he or she is advised to go if possible to a nearby state-run hospital.
AT	YES	We are aware of a few isolated cases, but cannot say how often they might occur. Reasons: patients seeking treatment outside surgery hours, cash preferred to 'complicated' invoicing procedure.	YES	Such cases continue to occur. Reasons: 1) Inadequate awareness of legal and contractual obligations of contract partners; 2) The EHIC cannot be read electronically; 3) Non-acceptance of the card; 4) Increased administrative burden or unfamiliarity with the national procedures for invoicing the assisting health insurance institution.
PL	YES	In 2013 cases of refusal to accept the EHIC card by Polish providers have been indicated very sporadically. Among the main reasons for refusal the following should be distinguished: 1) Doubts concerning the scope of necessary benefits to which a person using	YES	We continue to have a problem with refusals to accept the EHIC issued by the competent Polish authorities, mainly in DE but also in AT, BG, CZ, GR, FI, NL, IS, NO, CH, SE and HU. Polish insured persons, despite showing a valid EHIC during visits to health care providers are charged with commercial bills. Insured persons

MS	Refusal in your country YES/NO		Refusal in another country YES/NO	
		the card is entitled; 2) Reluctance of health care providers to fill out additional settlement documentation; 3) Attempts to obtain scheduled treatment under the EHIC; 4) Presenting national or commercial insurance cards or an EHIC, where the relevant data fields are filled with "*"; 5) Doubt as to the course of action, rules for the use and financing of health care provided to entitled persons from EU/EFTA MS - this applies in particular to new health care providers and those who have not yet had the opportunity to deal with patients from other MSs; 6) Health care providers, due to the lack of a start date on the card, signaled concerns related to recognising the EHIC submitted after the benefits had been provided; In case of doubts raised by health care providers, NFZ employees explain on a regular basis the problematic issues, either by phone or in writing.		repeatedly signaled refusals to accept the EHIC by foreign health care providers, regardless of the type of provided health benefits. This applies in particular to outpatient treatment, dental treatment and reimbursement of medicines, as well as medical transportation. This situation has not changed since May 2004. As the reasons for refusing to settle costs benefits on the basis of the EHIC. Foreign providers indicated the following: 1) Lack of translation of the EHIC card into the MS in which health benefits were to be provided; 2) Lack of possibility to read the card in the reader; 3) The health care provider's doubt as the confirmation of the right to benefits; 4) The doctor refused to accept a Polish insured person, because the German institution probably would not pay his expenses for such visits; 5) Despite the fact that an EHIC was presented the health care provider's registration announced that it will be a private visit and demanded payment; 6) Despite the fact that an EHIC was presented the health care provider charged the patient, because he would have to deal with too many formalities in order to get a refund for the visit; 7) The health care provider wrote down data from the presented EHIC and informed the patient that the bill will be sent to the home address of the Polish insured; 8) Lack of knowledge of the health care provider's staff with regard to treating patients on the basis of an EHIC; 9) Polish EHIC does not have an inserted chip; 10) Medical consultation was provided under the condition of footing the bill. Often health care facilities in other MSs providing health care services demanded additional confirmation and commitment to cover the costs by the National Health Fund in the form of a PRC, even if the person in question presented a valid EHIC.
PT	NO		Yes	Yes, some such cases have been reported and the main reasons were the following: 1) EHIC no longer valid; 2) Lack of care provider familiarity with the EHIC; 3) Difficulties in interpreting the concept of "necessary healthcare", a fact that has resulted in healthcare providers restricting acceptance of the EHIC to what is considered emergency care and asking our insured persons to present a PD S2 instead of an EHIC for what could be considered necessary healthcare; 4) Use of health services provided in private establishments.
RO	YES	Given reasons: Lack of information regarding the EHIC; The requested healthcare was not included in the category of "health care has become necessary". Measures taken: the competent institutions have been warned to take legal steps to be taken for non-compliance by health care providers with whom they are in contractual relationship, a contractual obligation to provide necessary medical card holders issued by one of member states of the EU/EEA.	YES	There were insured persons who declared that they have presented the EHICs to the health care providers in EU but they have been advised to pay, and they would recover the expenditures from the health insurance house (the competent institutions) where they have been registered as insured persons. The health care providers in FR, DE refused to accept EHIC because of delayed payments by RO.
SI	NO		YES	In July 2013 the ZZZS was informed by Slovenian insured persons of cases in which EHICs had been refused by Croatian providers, above all in 'doctor's surgeries for tourists' which were still accepting EHICs the year before. Most of them are located on the premises of public healthcare establishments in tourist areas. As the matter received a lot of media coverage, the Slovenian Ministry of Foreign Affairs and Ministry of Health took the initiative to arrange a meeting between the ZZZS and the Croatian Health Insurance Fund (HZZO), at which these issues were discussed.

	Refusal in your country		Refusal in another country	
MS	**YES/NO**		**YES/NO**	
SK	YES	Reason why health care providers refuse the EHIC – 1) No correct information; 2) Fear about failure to pay; 3) Late payment by the health insurance company (unfounded fear); 4) Administrative burden.	YES	There are many cases in inpatient care in treatment of chronic diseases in long-term resident in another MS, in acute childbirths. Health care providers argue that it is not necessary health care and a complicated reimbursement procedure too.
FI	YES	In some rare individual cases. It has not been clear whether the medical care/treatment has fallen under the concept of medically necessary health care during a temporary stay in FI.	YES	There are occasional notifications from clients of existing problems. During year 2013 notifications were especially received concerning ES. According to the information received, the health care providers in ES (namely in the Costa del Sol area) have indicated to the client that he/she can be given only emergency care with the EHIC even if the EHIC should cover medically necessary care including treatment that concerns a chronic disease (for example diabetes and asthma). The health care providers have also indicated that to receive more that emergency care, the person should have an E106 or an E112 form (PD S2) from the competent MS. In many cases the problems to receive medically necessary care with EHIC in ES concerns pensioners who temporarily (under 12 months) stay there.
SE				
UK	NO		YES	The UK has spasmodic anecdotal evidence of the occasional refusal but nothing which has been reported officially. These cases generally related to the refusal of extended care beyond that normally provided in an emergency setting.
IS	YES	There have been a few cases where health care providers have refused to accept EHICs as they are unfamiliar with the rules regarding the EHICs. If the Icelandic Health Insurance is contacted in this case they can contact the health care provider and correct the misunderstanding.	YES	From time to time insured persons contact the Icelandic Health Insurance and complain about refusals of health care providers abroad to accept the EHIC. Usually the reason is that the health care providers do not want to be bothered with the procedures regarding the EHIC. There have also been cases where the health care providers have doubted that their invoice will be paid.
LI	NO		YES	
NO	NO		YES	DE: cases where the EHIC is accepted by the health care provider. After a few weeks the person receives a bill. This is sometimes due to the fact that the hospital has not made the person sign the form 80/81 before leaving the hospital.
CH	YES	Private health care providers are not obligated to accept the EHIC. No quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment. The EHIC only guarantees tariff protection. The patient pays the invoice and sends it to his/her competent institution or to Gemeinsame Einrichtung KVG for reimbursement.	YES	Some health care providers do not accept the EHIC and asks the patient for payment because the national health insurance system does not reimburse the costs for mutual benefits assistance.

Source Qualitative input EHIC Questionnaire 2014

Table A1.6 Difficulties regarding the interpretation of the 'necessary health care' concept

MS	YES/NO	
BE	YES	The interpretation of the concept 'necessary health care' still varies between MSs. As a result of these differences in perceptions between MSs, there is a lack of consistency, compounded by the risk of refusing direct billing for health care on the basis of the EHIC. ES requests the PD S2 for chronic illnesses for the purchase of medicines (in the context of urgent treatment).
BG	YES	Several times in cases involving urgent and necessary care offered in DE we received requests for issuing of a PD S2 instead of a PRC or an EHIC.
CZ	YES	Some health care providers do not take into account the expected length of stay during the necessary health care.
DK	YES	A few cases - Some hospitals in FR have demanded an E112 form/PD S2 for necessary dialysis treatment and chemotherapy even if the reason for the stay was other than getting the treatment. Equivalent a hospital in DE demanded an E112 form/PD S2 for dialysis treatment to a Danish pensioner and one hospital also in DE has demanded an E112 form/PD S2 for covering the cost for childbirth instead of covering the cost under the EHIC which the mother presented.
DE		
EE	YES	There are some difficulties among the insured persons as well as health care providers. It is difficult to understand the difference between necessary care and planned care and health care providers tend to narrow the definition to emergency care.
IE	NO	
EL		
ES		
FR	NO	
HR	NO	
IT	YES	The difficulties relating to the interpretation of the "necessary health care" - as governed by Article 19 (1) of Regulation (EC) 883/2004 and by paragraph 1 of Decision S1/2009 - have for many years constituted a major stumbling block for the correct operation of social security and have on occasion resulted in refusals to provide care.
CY	YES	We are aware of some difficulties relating to the interpretation of the concept of 'medically necessary health care'. Reasons vary per case, no description available.
LV	YES	The Competent institution is aware that doctors sometimes have difficulties to distinguish necessary health care from planned health care (sometimes there are different views on the similar situation). There is no clear legal distinction. But, no written explanation has been requested.
LT	NO	
LU	NO	
HU	YES	Generally, the distinction between "immediately necessary" or urgent and "medically necessary" treatment seems to be difficult under the MSs' respective national legislations. Sometimes the problem is the different interpretation of the notions "temporary" and "stay".
MT	NO	
NL	YES	A general problem cited by health insurers is that the EHIC declarations (form E 125) provide too little information about the healthcare received. Insurers find that the forms are not specific enough. It is often not clear, for example, whether the criterion of 'necessary healthcare' was met (or whether care could have been postponed until the person's return). As regards interpretation of the term, most insurers report that this is not a problem they encounter. Some insurers replied as follows: 1) We do not experience many difficulties, but it does happen. We have had a number of cases in FR and CH where hospitals have had different interpretations of what constituted necessary care and an emergency. What we have mainly encountered is hospitals stating that the insured person did not travel abroad for the purpose of receiving medical treatment. It was thus not a case of the healthcare being planned. For the healthcare providers concerned, this meant that where an emergency situation turned into a necessary-care situation, the EHIC was still accepted, e.g. for rehabilitation. 2) Healthcare providers sometimes perceive a treatment to be "planned" care. This does not happen a lot. It then often boils down to a borderline case between a temporary stay and planned healthcare. 3) One insurer reports often having this discussion with insured persons. For the health insurer, the term "necessary" is associated with "emergency". The insured persons always consider the care to be necessary because otherwise (s)he would not go to a hospital. We thus quite often experience problems with the interpretation of these terms. 4) One insurer states that it is a question of interpretation: what constitutes necessary care? This means something different for everyone.
AT	YES	The initial difficulties have become fewer. A trend in the other direction is now being observed, namely the EHIC is seen as evidence of entitlement to all benefits.
PL	YES	In 2013, the National Health fund, similarly to previous years, received many questions concerning the interpretation of the notion health benefit necessary form the medical point of view within the meaning of the coordination regulations. The inquiries were made by both health care providers and patients using the EHIC. As a reason for the problems with the recognition of benefits, the lack of a necessary benefits list which would specify what medical assistance is eligible to the above-mentioned category has been indicated. On the part of the health care providers, both limiting of the scope of benefits provided under the EHIC to only life-saving benefits, as well as the unjustified expansion of the treatment or to scheduled treatment is observed. On the other hand, patients are often convinced that by showing an EHIC they are entitled to any such benefits. This applies in particular to the Polish citizens who are subject to the legislation of another EU/EFTA MS and during a temporary stay in PL want to benefit from the treatment, which in many cases has the characteristics of scheduled treatment. Doubts arise mainly in case of hospital treatment. A patient with a sudden, severe illness goes to the hospital where s(he) awaits long-term and expensive treatment, which, according to the Polish law is considered as scheduled

MS	YES/NO	
		treatment. The patient, however, for health reasons cannot return to his/her competent MS and has only an EHIC. Health care providers have doubts in such cases whether they could settle the cost of treatment of the patient in question on the basis of the coordination regulations. Doubts also arise in the case of chronic diseases, rehabilitation after surgery, childbirth, chemotherapy, psychiatric treatment. It should be emphasized, however, that the information provided by the National Health Fund Polish by persons subject to Polish legislation, who have benefited from health care in other EU/EFTA MSs shows that problems in determining what kind of benefits counted as "necessary medical care" are also encountered among foreign health care providers. In response to the submitted inquiries, informative actions are conducted, however, in some cases determining whether the benefits should be provided and settled in the context of "necessary benefits"" creates difficulties also to employees of regional branches of NFZ. It follows that the problem of correct interpretation of the term in question refers to all involved entitled in the provision and settlement of costs of benefits under the coordination regulations.
PT	YES	Difficulties in interpreting the concept of "necessary healthcare", a fact that has resulted in healthcare providers restricting acceptance of the EHIC to what is considered emergency care and asking our insured persons to present a PD S2 instead of an EHIC for what could be considered necessary healthcare.
RO	YES	
SI	NO	
SK	n.a.	
FI	YES	The cases are often related to pregnancy or the treatment of a chronic disease during a temporary stay in another MS.
SE		
UK	YES	The decision on whether necessary care is required is the responsibility of a medical practitioner, and OHT will not challenge their decision.
IS	YES	This especially applies to students abroad. It varies between the MS whether the EHIC is considered sufficient in the case of birth. Some MSs request a, E112 form/PD S2 in this case and some request an E106 form/PD S1. In these cases there are also difficulties when it comes to birth.
LI	NO	
NO	YES	We are aware of cases where the question is not quite clear and some difficulties may occur, especially for persons who intend to stay in another country for a certain time. This is also the case for a person who has a known disease which becomes acute during a stay.
CH	NO	

Source Qualitative input EHIC Questionnaire 2014

Table A1.7 Rejection of invoices, 2013

	By your country?		By other countries?	
MS	**YES/NO**		**YES/NO**	
BE	NO		YES	The reasons given are lack of entitlement, double-invoicing, and the presumption of scheduled treatment. The number of rejections amounts to around 300 annually. The countries rejecting the invoices are PL, often claiming presumption of scheduled treatment; IT: for double-invoicing; and DE and the UK, who demand that we send a copy of their EHIC. A final 'interesting' reason for rejection, used exclusively by PL, is that the care has already been reimbursed in PL via the E126PL form.
BG	NO		NO	
CZ	YES	In the end, we reject the reimbursement of cost, only in case when the EHIC was not valid (and according to the records of the competent institution physically could not have existed) in the time of health care treatment. These situations happen only rarely.	NO	
DK	NO		NO	
DE				
EE	NO	We do not reject invoices in case there was an EHIC presented at the time the treatment was given. However, there are some cases where a person, who had neither health insurance nor EHIC at the time he/she received health care, has ordered the EHIC and presented it to the doctor several weeks after the health care was provided although the doctor should check it when he treats the patient. In this case, the invoices are rejected.		
IE	YES	Have forwarded quiries to creditor state where IE was not competent state. Number of quiries is minimal (10-20).	NO	
EL				
ES				
FR	YES	E125 received from ES and UK where person was not yet insured in FR during treatment.	NO	
HR	NO		NO	
IT	YES	Cases of rejection of invoices have been reported. One of the reasons that should be mentioned in this connection is that the person's identification code (e.g. tax code), which is contained in field 6 of the EHIC, is not marked in full on the E125 form.		
CY	YES	There were 29 invoices rejected by Cyprus concerning E125 forms in 2013. Reasons: 1) wrong I.D. number; 2) the person was not found in our database; 3) dates of treatment were not covered by the EHIC.	YES	There were 290 invoices rejected by other EU countries concerning E125 forms in 2013. Reasons: 1) the patient was covered by an E121; 2) wrong I.D. number; 3) wrong country invoiced; 4) dates of treatment were not covered by the EHIC.
LV	YES	The following reasons have been identified: 1) an incorrect designation of the competent Member State; 2) an incorrect designation of competent institution; 3) insufficient information concerning EHIC data (EHIC number; identification of EHIC holder); 4) health care service has not been received within EHIC validity period.	YES	The following reasons have been identified: 1) an incorrect designation of the competent Member State; 2) an incorrect designation of competent institution; 3) insufficient information concerning EHIC data (EHIC number; identification of EHIC holder); 4) health care service has not been received within EHIC validity period.
LT	NO		NO	
LU	NO		NO	
HU	n.a.		YES	about 188 invoices have been rejected because no entitlement certificate is available for the treatment of the person concerned or the date of treatment is not identical with the validity period of the entitlement certificate.

	By your country?		By other countries?	
MS	**YES/NO**		**YES/NO**	
MT	NO		NO	
NL	YES	Most insurers state that they are not aware of any such cases. A single insurer recognises this problem, but cannot quantify it. According to this insurer, the healthcare provider sometimes does not recognise the health insurer.	YES	This happens: Foreign insurance bodies may state that an insured person was not registered with them at the time when the care was provided. This usually has to do with the fact that no starting date of validity is indicated on the EHIC. There are also cases where a person has in the meantime come to work/live in the Netherlands, resulting in an entitlement to cover which takes precedence.
AT	YES	Over 1 000 cases. Most common reasons for rejection: Date of treatment before EHIC issue date (in cases where the EHIC was presented later), and doubts about medical necessity.	YES	In rare cases, when it is suspected that the person is insured in the claiming state.
PL	YES	In 2013 cases of rejecting invoices by Regional Branches of NFZ (National Health Fund) occurred in the following cases: 1) if there were formal errors in the E125 form (such as mistakenly indicated institution or its lack in point 2 of the form, no dates of the benefits' provision); 2) if there was a suspicion of duplication of claims with another form; 3) if they was a suspicion that the costs had been reimbursed on the basis of an E126 form; 3) if there was a likelihood that the benefits constituted scheduled treatment; 4) if in the case in question applicable legislation was that of another Member State.	YES	In 2013 regional branches of NFZ (National Health Fund) often encountered cases of rejection of E125 forms issued on the basis of EHIC cards. The most common reason for contesting E 125 forms issued by the Polish institution was the lack of possibility to identify the person who used the EHIC. Problems with identifying persons for whom E125 forms were issued are one of the main reasons for contesting of documents issued by institutions from other EU/EFTA MSs.
PT	YES	As in previous years, we have noticed a downward trend in the number of invoices rejected. However, there have been some cases in which invoices were rejected primarily because there was no indication of the EHIC number or the personal insurance number.	N.a.	
RO	NO		NO	
SI	YES	In 2013 ZZZS (Health Insurance Institute) rejected 78 E125 forms from foreign institutions (clarification: most of the rejections concern an E125 form based on an EHIC, but this figure may include cases of rejection of E125 forms issued on the basis of an E 09 or E121 form because we do not keep separate statistics of such cases). Invoices were rejected due to the absence of an EHIC or because the validity of the EHIC did not tally with the period of the services involved.	YES	In 2013 the ZZZS (Health Insurance Institute) received 140 refusals of EHIC-based E125 forms by foreign institutions on the grounds that the person concerned was not insured by them or that the EHIC data and the services involved did not tally. In the past the ZZZS has successfully resolved such cases by sending the requested copy of the EHIC or the certificate or the other information requested.
SK	YES	66 forms.	YES	
FI	YES	The amount of rejections is very small, just 1-2 percent of all rejections. The reasons of the rejections by FI are the following: 1) overlapping costs with an earlier E125 form; 2) the EHIC has not been issued by Finland. 3) there are two persons in the E125 form and FI does not know which one of them the costs concern (for example the name and the personal identification number don't match); 4) the costs are invoiced on the basis of the EHIC even of the person has a valid E121FI issued from Finland (this concerns the Member States that invoice lump sums); 5) the EHIC was not valid at the time that the health care/treatment was given and Finland has not issued a new EHIC since the person is not insured in Finland anymore; 6) fake EHIC cards (very rare cases).	YES	The amount of rejections is very small, just 1-2 percent of all rejections. The reasons of the rejections by other MSs are the following:1) the EHIC was not valid at the time that the health care/treatment was given (the person was not insured in Finland anymore) 2) the EHIC was granted after that the health care/treatment was given; 3) overlapping costs with an earlier E125 form; 4) the EHIC has been issued by another MS that the one that Finland was invoicing.
SE				
UK	YES	Invalid EHIC number; Invalid dates – e.g. EHIC expired; Other healthcare registration identified which covers the period of treatment being claimed (e.g. S1); Person deceased for the period claimed; OHT are unable give volumes as not all claims for 2013 have been received	YES	Of the invoices that the UK submitted to other member states in 2013, 15 invoices were rejected. 12 due to invalid EHIC information and 3 due to duplicate costs. (this will be subject to change as 2013 claims have not been finalised)

	By your country?		By other countries?	
MS	**YES/NO**		**YES/NO**	
		as yet.		
IS			YES	The reasons were that the E125 form had been filled in incorrectly. There are however only very few cases.
LI	NO		NO	
NO	NO		NO	
CH	NO		NO	

Source Qualitative input EHIC Questionnaire 2014

Table A1.8 Other problems/incidents related to the use of the EHIC, 2013

MS	Reported difficulties
BE	ES and HU: difficulties in getting the EHIC accepted, mainly in cases of persons staying for longer periods.
BG	NO
CZ	NO
DK	NO
DE	
EE	NO
IE	The difficulty with healthcare providers in establishing whether entitlement exists although person may have valid EHIC from other MS. We have received information that treatment with an EHIC was refused in some MSs, which has resulted in the patient meeting the cost healthcare and having to pursue refund (E126 form).
EL	
ES	
FR	NO
HR	NO
IT	NO
CY	We are not aware of significant problems.
LV	The person does not return EHIC to the Competent institution in cases when the person becomes insured under social security scheme in another EU, EEA MS or Switzerland (this means that EHIC can be used improperly).
LT	NO
LU	NO
HU	NO
MT	NO
NL	1) The coexistence of two different routes for the declaration of healthcare costs (the EHIC and the Patients' Directive/Healthcare Insurance Act) greatly complicates matters. This applies both for health insurers and for patients. Many patients are not aware that these two routes exist in parallel. Patients' organisations receive many questions about the settlement of cross-border healthcare costs. For patients it is not clear to what reimbursement they are entitled to, and the differences between the situation in NL and other MSs are also unclear; 2) Because the EHIC includes a payment guarantee for health insurers, these insurers have little scope for controlling EHIC healthcare. Various health insurers see this as a problem. For example, health insurers have no control over the effectiveness of the care provided. One of the criteria for reimbursement of healthcare costs under the Healthcare Insurance Act is that the care provided must be "effective". In the case of care provided abroad, it is the criteria of the particular MS concerned that apply. Effectiveness may not be one of those criteria. Another example is the lack of control over inappropriate use or the interpretation of the term 'medically necessary'; 3) Many health insurers consider the processing times for the E 125 forms/declarations to be (much) too long. Declarations may be received even years after healthcare was provided. This makes it initially difficult to estimate claims. In addition, the long processing times make it difficult to effectively combat inappropriate use, e.g. where a person has used his or her EHIC even though he or she was no longer insured. If the health insurer then does not receive the declaration until years later, it is often difficult to trace the patient concerned. If a person who is no longer insured uses the EHIC, subsequent redress is often impossible. Such no longer insured persons are often no longer in the Netherlands. Other matters reported by health insurers are as follows: A) Problems with the replacement certificate: In Greece we have had a number of cases where additional information was requested (by the hospital) although we had issued a replacement certificate. However, the information we provided was accepted; B) Apart from the above-mentioned lack of a starting date of validity, it regularly happens that cards do not comply with the prescribed technical specifications. This makes it difficult to read the cards and/or prevents them from being scanned by an electronic card reader; C) Some health insurers regard the EHIC as being cost-inefficient. The card's manufacture is expensive. As a result, insurers regularly opt for a longer period of validity (five years). A long period of validity in turns entails risks with regard to inappropriate use. One health insurer refers in this connection to initiatives aimed at setting up a European infrastructure enabling the insurance entitlements of EU/EEA citizens who receive healthcare in another Member State to be verified in real time (inter alia under the eSENS project).
AT	It is difficult for a person obtaining treatment to know whether the treatment provider in the country concerned is contracted to the statutory health insurance scheme. Perhaps a uniform EU-wide LOGO (as in the case of credit cards) would facilitate access to treatment.
PL	In 2013, many cases of charging Polish patients with costs of benefits despite the fact of showing the EHIC have been observed. This applies mainly to German health care providers, who often do not recognize Polish cards and charge patients with the full cost of the services provided. As in the previous years, cases of difficult access to health benefits in kind in tourist destinations have been identified. This was particularly the case in BG and ES, where there is a very well developed network of private medical centres, located near the hotels and access to entities operating within the public health care system is limited.
PT	n.a.
RO	There have been complaints that some MSs do not accept a PRC, requiring only printed cards as health providers in those states are using Card reading device, (e.g. FR, DE). There was an incident in HU, with an exchange of identity between the Imo Romanians, brothers one sick requiring dialysis, but uninsured, used the Card. The case is under investigation.
SI	NO
SK	In the territory of other MSs there are cases in which the insured person showed a EHIC to the provider before the first provision of benefits in kind, but for the next visits longer requires the insured person to prove EHIC, while in the meantime it has expired (in some cases by the insured person returns EHIC to the institution that it issued), a provider still requested payments from health insurance companies that issued it, although EHIC is registered it as invalid and returned to the health insurance company, which at the time of treatment is not the competent institution for the insured person / patient.
FI	NO
SE	

MS	Reported difficulties
UK	None
IS	NO
LI	NO
NO	NO
CH	The frequent problem is the missing start date. In the opinion of some member states, date of issue of EHIC means begin of validity.

Source Qualitative input EHIC Questionnaire

Table A1.9 The number of enquiries/complaints concerning EHIC

MS	Number of enquiries/complaints concerning EHIC
BE	
BG	No exactly - between 25 and 30 complaints.
CZ	Exact number of enquiries/complaints is not available. Most of the enquiries concern requests for arrangement the foreign PRCs.
DK	There are no statistics available as to the number of enquiries concerning only the EHIC. Enquires often concern more aspects of the EU-legislation than the use of the EHIC.
DE	
EE	We had 1,444 written enquiries about health care in EU, but we do not distinguish EHIC-related enquiries from the total number. Our information line gets about 20 phone enquiries a week about EHIC and our customer service send approximately 2-3 replacement certificates a week to foreign hospitals.
IE	Numbers are minimal but not recorded and are submitted at Local Health Offices.
EL	
ES	
FR	n.a.
HR	There is no tracking system for the number of enquiries/complaints for EHIC set up at this point in time.
IT	n.a.
CY	n.a.
LV	The Competent institution has not identified/received such specific requests/claims.
LT	The NHIF received 1 enquiry during 2013
LU	n.a.
HU	164
MT	Approximately 10 emails daily enquiring about EHIC are received. The number of enquiries by telephone are not registered.
NL	Requests for information are dealt with individually and are not documented.
AT	
PL	In 2013 around 338,750 inquiries and 40 complaints regarding EHICs were received by the National Health Fund.
PT	n.a.
RO	16,317
SI	The ZZZS received several complaints concerning failure to take an EHIC into account from insured persons who had claimed healthcare services in the Republic of Croatia, as explained in point 2.
SK	NO
FI	n.a.
SE	
UK	18
IS	
LI	n.a.
NO	3 complaints received.
CH	We received several enquiries but no complaints in 2013.

Source Qualitative input EHIC Questionnaire

Annex 2 The evolution of EHICs and reimbursement claims between 2009 and 2013

Table A2.1 The number of EHICs issued / in circulation and the number of PRCs issued, 2009-2013

	EHICS issued					EHICS in circulation					PRCs				
MS	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
BE	1,960,162	2,237,069	2,148,514	2,607,452	2,707,763	2,466,449	2,831,623	3,133,103	3,077,431	3,083,658	50,374	45,768	39,510	38,881	31027
BG	103,728	243,694	94,997	126,107	136,568	123,282	303,041	139,121	226,514	361,616	26,021	49,663	49,968	31,785	31764
CZ	5,197,989	5,000,000	80,000	100,000	100,000	9,664,648	10,000,000	10,000,000	10,000,000	10,000,000		8,000*	8,000	8,000*	8,000*
DK	604,571	334,395	237,558	216,545	430,702	1,142,115	1,300,000	1,688,669	1,896,449	1,672,306		253*	253*	253	19360
DE						45,000,000*	45,000,000	45,000,000*	45,000,000*	45,000,000*					
EE	52,118	55,790	69,693	76,689	78,456	100,005*	100,005*	100,005*	100,005*	n.a.		13,050	13,833	12,172	12554
IE	228,909	261,423	414,649	380,864	343,250	1,493,333	1,337,702	1,216,247	1,254,160	1,367,301	52,441	58,437	86,362	90,159	98894
EL	129,783	181,487	170,129	160,939	151,791	115,796	159,793	104,248	132,593	123,584	17,263	26,590	29,211	18,027	33673
ES	1,778,915	1,957,944	1,937,656	1,699,470	1,805,518	1,779,336	1,938,974	3,401,306	3,541,197	3,319,472	182,718	867,336	900,703	746,436	762429
FR	4,616,843	4,941,645	4,859,876	5,436,031	4,190,116	4,616,843	4,941,645	4,859,876	5,436,031	4,190,116	1,542,000	1,682,000	1,807,777	1,923,934	2094967
HR					264,340					260,345					2505
IT	7,820,789	7,820,789	7,820,789	9,000,000	8,900,000	58,196,144	59,517,000	59,814,580	60,000,000	58,901,313	176,414	214,365	225,090	100,000	100,000
CY	58,345	52,812	42,502	43,331	39,281	44,789	44,789*	44,789*	44,789*	44,789*	37	30	21	36	18
LV	53,460	50,923	58,389	71,295	74,742	52,288	103,076	155,693	174,019	201,387	372	452	437	448	472
LT	78,436	100,526	117,016	125,393	161,394	191,712	216,587	244,604	244,604	294,779	4,966	7,295	15,281	7,899	10789
LU	233,473	163,509	125,304	144,428	144,152	457,375	477,156	504,662	529,403	552,451	11,508	15,230	14,757	13,850	14475
HU	427,337	455,608	369,638	332,184	469,317	572,222	683,839	946,987	1,126,512	1,705,300	28,388	22,590	27,498	32,588	37326
MT	61,204	50,391	44,254	60,934	56,481	138,438	146,481	154,378	155,788	159,795	15	41	17	21	18
NL	2,167,531	2,455,882	6,159,716	3,519,513	2,617,980	3,648,290	3,099,093	4,991,186	6,992,233	14,114,209	8,367	6,259	10,616	8,365	8618
AT	715,295	4,668,472	1,015,397	963,081	1,038,318	8,033,287	8,135,742	8,059,279	8,106,607	8,156,265		4,860	5,061	5,843	9767
PL	1,230,838	1,306,171	1,456,059	1,552,145	2,005,154	779,176	853,248	1,225,502	1,304,123	1,523,991	17,555	16,339	16,010	16,717	18784
PT	380,394	404,654	391,603	411,170	408,503	1,166,540	1,211,502	1,109,641	1,299,425	1,309,462	25,133	24,049	22,910	24,362	21656
RO	161,102	239,644	328,787	286,553	262,218	111,008	123,690	200,563	109,210	126,753	50,400	11,768	22,493	76,827	84481
SI	574,592	607,510	671,496	689,090	705,769	523,205	589,857	646,675	648,463	656,542	147,526	161,262	171,532	157,661	147182
SK	299,358	216,042	543,701	895,691	760,738	1,756,361	1,802,820	1,554,099	1,849,210	2,626,676	162,961	80,151	129,552	106,468	105198
FI	297,124	130,030	382,870	623,017	786,325	556,489	691,996	1,025,552	1,188,595	1,334,155	10,182	10,497	18,244	11,686	12428
SE	900,000	1,100,000	1,117,989	1,000,000	1,297,288	3,200,000	3,000,000	3,000,000*	3,000,000*	3,000,000*	17,000	14,000	13,126	8,000	8139
UK	4,519,790	4,725,295	7,477,159	5,352,713	3,501,890	33,827,200	25,506,048	23,025,502	24,065,266	25,886,427	9,685	12,000	4,694	10,062	5279
EU28	**34,652,086**	**39,761,705**	**38,135,741**	**35,874,635**	**33,438,054**	**179,756,331**	**174,115,707**	**176,346,267**	**181,502,627**	**189,972,692**	**2,552,375**	**3,352,285**	**3,632,956**	**3,450,480**	**3,679,803**
IS	26,012	36,389	37,566	45,069	38,864	62,829	55,038	73,912	82,605	83,946	380	532	541	498	894
LI	9,050	1,077	1,048	9,899	1,188	34,980	36,558	36,953	37,544	37,910	38	48	60	96	107
NO	511,711*	511,711	519,284	717,617	799,000	1,302,881*	1,302,881	1,100,000	1,250,000	1,500,000		8,830	6,990	8,890	7677
CH	2,500,000	4,400,000	2,700,000	2,900,000	1,200,000	6,500,000	10,300,000	10,900,000	7,800,000	6,700,000					
Total	**37,698,859**	**44,710,882**	**41,393,639**	**39,547,220**	**35,477,106**	**187,657,021**	**185,810,184**	**188,457,132**	**190,672,776**	**198,294,548**	**2,552,793**	**3,361,695**	**3,640,547**	**3,459,964**	**3,688,481**

* Figures insured from previous/next year.

Source Administrative data EHIC Questionnaire 2010-2014

Table A2.2 The number of EHICs issued / in circulation and the number of PRCs issued, 2009-2013, 2009=100%

	EHICS issued					EHICS in circulation					PRCs issued				
MS	*2009*	*2010*	*2011*	*2012*	*2013*	*2009*	*2010*	*2011*	*2012*	*2013*	*2009*	*2010*	*2011*	*2012*	*2013*
BE	100%	114%	110%	133%	138%	100%	115%	127%	125%	125%	100%	91%	78%	77%	62%
BG	100%	235%	92%	122%	132%	100%	246%	113%	184%	293%	100%	191%	192%	122%	122%
CZ	100%	96%	2%	2%	2%	100%	103%	103%	103%	103%					
DK	100%	55%	39%	36%	71%	100%	114%	148%	166%	146%					
DE							100%	100%	100%	100%					
EE	100%	107%	134%	147%	151%		100%	100%	100%		100%	118%	125%	110%	114%
IE	100%	114%	181%	166%	150%	100%	90%	81%	84%	92%	100%	111%	165%	172%	189%
EL	100%	140%	131%	124%	117%	100%	138%	90%	115%	107%	100%	154%	169%	104%	195%
ES	100%	110%	109%	96%	101%	100%	109%	191%	199%	187%	100%	475%	493%	409%	417%
FR	100%	107%	105%	118%	91%	100%	107%	105%	118%	91%	100%	109%	117%	125%	136%
HR															
IT	100%	100%	100%	115%	114%	100%	102%	103%	103%	101%	100%	122%	128%	57%	57%
CY	100%	91%	73%	74%	67%		100%	100%	100%	100%	100%	81%	57%	97%	49%
LV	100%	95%	109%	133%	140%	100%	197%	298%	333%	385%	100%	122%	117%	120%	127%
LT	100%	128%	149%	160%	206%	100%	113%	128%	128%	154%	100%	147%	308%	159%	217%
LU	100%	70%	54%	62%	62%	100%	104%	110%	116%	121%	100%	132%	128%	120%	126%
HU	100%	107%	86%	78%	110%	100%	120%	165%	197%	298%	100%	80%	97%	115%	131%
MT	100%	82%	72%	100%	92%	100%	106%	112%	113%	115%	100%	273%	113%	140%	120%
NL	100%	113%	284%	162%	121%	100%	85%	137%	192%	387%	100%	75%	127%	100%	103%
AT	100%	653%	142%	135%	145%	100%	101%	100%	101%	102%					
PL	100%	106%	118%	126%	163%	100%	110%	157%	167%	196%	100%	93%	91%	95%	107%
PT	100%	106%	103%	108%	107%	100%	104%	95%	111%	112%	100%	96%	91%	97%	86%
RO	100%	149%	204%	178%	163%	100%	111%	181%	98%	114%	100%	23%	45%	152%	168%
SI	100%	106%	117%	120%	123%	100%	113%	124%	124%	125%	100%	109%	116%	107%	100%
SK	100%	72%	182%	299%	254%	100%	103%	88%	105%	150%	100%	49%	79%	65%	65%
FI	100%	44%	129%	210%	265%	100%	124%	184%	214%	240%	100%	103%	179%	115%	122%
SE	100%	122%	124%	111%	144%	100%	94%	94%	94%	94%	100%	82%	77%	47%	48%
UK	100%	105%	165%	118%	77%	100%	75%	68%	71%	77%	100%	124%	48%	104%	55%
EU28	100%	115%	110%	104%	96%	100%	97%	98%	101%	106%		100%	108%	103%	110%
IS	100%	140%	144%	173%	149%	100%	88%	118%	131%	134%	100%	140%	142%	131%	235%
LI	100%	12%	12%	109%	13%	100%	105%	106%	107%	108%	100%	126%	158%	253%	282%
NO		100%	101%	140%	156%		100%	84%	96%	115%		100%	84%	96%	115%
CH	100%	176%	108%	116%	48%	100%	158%	168%	120%	103%					
Total	100%	119%	110%	105%	94%	100%	99%	100%	102%	106%		100%	108%	103%	110%

Source Administrative data EHIC Questionnaire 2010-2014

Table A2.3 Reimbursement claims received and issued, 2009-2013

	Healthcare received in other MS								Healthcare received in MS A							
	E125 received					E126 issued			E125 issued					126 received		
MS A	2009	2010	2011	2012	2013	2011	2012	2013	2009	2010	2011	2012	2013	2011	2012	2013
BE	33,065	28,440	161,623	29,450	37,132	14,309*	14,309	20,446	32,142	32,142*	60,216	29,670	30,757	4,023	2,639	4,317
BG	8,043	14,472	26,553	9,073	41,084	45	45	389	530	962	1,348	1,502	1,265	364	364	1,159
CZ	30,456	25,473	38,809	125,000	32,509	700*	700*	700	24,218	24,641	32,000	72,500	37,696	1,326	1,326	1,181
DK	4,166	43,290	96,312	10,517	7,747	1,030	950	1,177	5,437	9,066	7,764	5,700	9,172	336	320	233
DE	283,000	335,000	459,963	343,192	456,054	140	140*	140*	317,000	266,000	326,266	358,912	380,545	10,626	10,541	12,057
EE	3,997	3,637	5,192	5,431	4,760	435	435	468	5,261	5,950	8,072	5,667	12,723	84	109	105
IE	2,000	2,500	12,000	15,000	20,405									630	600	600
EL	18,022	4,377	16,868	17,185	12,086				112,655	92,741	108,624	90,263	79,755	427*	427*	427
ES	304*	304	725	725*	725*	8,205	6,329	6,329*	327,869	247,434	544,578	447,638	447,638*	4,000*	4,000	8,617
FR	99,821	167,340	167,340*	355,285	217,134				88,219	74,630	74,630*	122,934	79,365			
HR					9			193								2,849
IT														3,100*	3,100	3,100*
CY	170	1,370	2,845	1,500	3,271	370	31	16	11,778*	11,778*	11,778	6,000	5,676	291*	291	200
LV	1,712	1,907	20,438	4,472	5,004	127	131	120	254	1,186	276	639	447	92	144	161
LT	3,540	3,254	4,637	2,919	5,996	400	519	571	558	663	935	753	1,602	84	116	90
LU						14,500	14,500	7,610						950	1,050	1,150
HU	15,102	41,014	12,376	2,005	23,323	1,220	1,113	1,053	3,085	51,084	3,323	3,994	2,071	516	399	295
MT	639	596	527	562	616	5	9	10	1,486	1,887	2,208	2,015	2,395	366	203	141
NL	37,785*	37,785*	37,785	8,336	47,346	451	411	595	29,415	33,545	37,000	31,627	35,657	3,027	3,134	3,731
AT	91,329	60,654	60,654*	134,280	63,677	209	1,874	2,852	158,111	176,163	176,163*	223,696	200,938	4,959	5,393	5,076
PL	67,033	83,806	76,299	67,117	63,734	4,787	5,175	5,943	52,060	210,897	305,932	94,437	107,820	1,142	1,013	831
PT	27,144	21,077	38,163	38,163*	200,000	421	497	497	16,712	138,971	281,044	281,044	121,000	1,021	1,414	1,414*
RO	11,736	12,000	133	133*	133*	309	217	213	897	835	1,426	927	1,405	197	199	171
SI	3,471	5,535	3,549	7,872	7,872*	1,383	1,371	3,420	20,349	9,430	31,262	30,024	13,994	100	126	126
SK	17,526	20,937	25,341	17,011	21,617	1,760	1,665	1,728	27,822	49,152	26,675	28,531	26,717	575	541	517
FI	11,956	11,956	18,464	16,970	29,639	430	278	321	10,264	6,430	6,353	5,939	6,429	1,209	1,018	1,018*
SE	24,000	29,000	55,705	46,740	34,403	5,000	2,500	13,027	16,000	17,000	16,678	20,021	22,514	1,000	870	870*
UK	168,122	48,000	48,000*	48,000*	206,005	5,885*	5,885	13,130	800*	800	1,236	1,989	3,087	186*	186	298
EU28	**964,139**	**1,003,724**	**1,390,301**	**1,306,938**	**1,542,281**	**62,121**	**59,084**	**80,948**	**1,262,922**	**1,463,387**	**2,065,787**	**1,866,422**	**1,630,668**	**40,631**	**39,523**	**50,734**
IS	2,211*	2,211*	2,211	2,350	898	260	226	289	643	551	825	1,200	1,750	159	119	138
LI	596	511	849	392	645	1	0	0	167	203	151	117	321	21	15	26
NO						918	1,059	1,232	768	768	768	1,321	1,753	611	601	448
CH	26,000	95,000	40,000	53,000	46,800				45,466	145,439	46,857	47,600	43,500	11,000	9,000	8,173
Total	**992,946**	**1,101,446**	**1,433,361**	**1,362,680**	**1,590,624**	**63,300**	**60,369**	**82,469**	**1,309,966**	**1,610,348**	**2,114,388**	**1,916,660**	**1,677,992**	**52,422**	**49,258**	**59,519**

* Figures insured from previous/next year.

Source Administrative data EHIC Questionnaire 2010-2014

Table A2.5 The number of forms received/issued, 2009-2013, 2009 or 2011=100%

	Healthcare received in other MS								Healthcare received in MS A							
	E125 received					E126 issued			E125 issued					E126 received		
MS A	2009	2010	2011	2012	2013	2011	2012	2013	2009	2010	2011	2012	2013	2011	2012	2013
BE	100,0%	86,0%	488,8%	89,1%	112,3%	100,0%	100,0%	142,9%	100,0%	100,0%	187,3%	92,3%	95,7%	100,0%	65,6%	107,3%
BG	100,0%	179,9%	330,1%	112,8%	510,8%	100,0%	100,0%	864,4%	100,0%	181,5%	254,3%	283,4%	238,7%	100,0%	100,0%	318,4%
CZ	100,0%	83,6%	127,4%	410,4%	106,7%	100,0%	100,0%	100,0%	100,0%	101,7%	132,1%	299,4%	155,7%	100,0%	100,0%	89,1%
DK	100,0%	1039,1%	2311,9%	252,4%	186,0%	100,0%	92,2%	114,3%	100,0%	166,7%	142,8%	104,8%	168,7%	100,0%	95,2%	69,3%
DE	100,0%	118,4%	162,5%	121,3%	161,1%	100,0%	100,0%	100,0%	100,0%	83,9%	102,9%	113,2%	120,0%	100,0%	99,2%	113,5%
EE	100,0%	91,0%	129,9%	135,9%	119,1%	100,0%	100,0%	107,6%	100,0%	113,1%	153,4%	107,7%	241,8%	100,0%	129,8%	125,0%
IE	100,0%	125,0%	600,0%	750,0%	1020,3%									100,0%	95,2%	95,2%
EL	100,0%	24,3%	93,6%	95,4%	95,4%				100,0%	82,3%	96,4%	80,1%	70,8%	100,0%	100,0%	100,0%
ES	100,0%	100,0%	238,5%	238,5%	238,5%	100,0%	77,1%	77,1%	100,0%	75,5%	166,1%	136,5%	136,5%	100,0%	100,0%	215,4%
FR	100,0%	167,6%	167,6%	355,9%	217,5%				100,0%	84,6%	84,6%	139,4%	90,0%			
HR																
IT														100,0%	100,0%	100,0%
CY	100,0%	805,9%	1673,5%	882,4%	1924,1%	100,0%	8,4%	4,3%	100,0%	100,0%	100,0%	50,9%	48,2%	100,0%	100,0%	68,7%
LV	100,0%	111,4%	1193,8%	261,2%	292,3%	100,0%	103,1%	94,5%	100,0%	466,9%	108,7%	251,6%	176,0%	100,0%	156,5%	175,0%
LT	100,0%	91,9%	131,0%	82,5%	169,4%	100,0%	129,8%	142,8%	100,0%	118,8%	167,6%	134,9%	287,1%	100,0%	138,1%	107,1%
LU						100,0%	100,0%	52,5%						100,0%	110,5%	121,1%
HU	100,0%	271,6%	81,9%	13,3%	154,4%	100,0%	91,2%	86,3%	100,0%	1655,9%	107,7%	129,5%	67,1%	100,0%	77,3%	57,2%
MT	100,0%	93,3%	82,5%	87,9%	96,4%	100,0%	180,0%	200,0%	100,0%	127,0%	148,6%	135,6%	161,2%	100,0%	55,5%	38,5%
NL	100,0%	100,0%	100,0%	22,1%	125,3%	100,0%	91,1%	131,9%	100,0%	114,0%	125,8%	107,5%	121,2%	100,0%	103,5%	123,3%
AT	100,0%	66,4%	66,4%	147,0%	69,7%	100,0%	896,7%	1364,6%	100,0%	111,4%	111,4%	141,5%	127,1%	100,0%	108,8%	102,4%
PL	100,0%	125,0%	113,8%	100,1%	95,1%	100,0%	108,1%	124,1%	100,0%	405,1%	587,7%	181,4%	207,1%	100,0%	88,7%	72,8%
PT	100,0%	77,6%	140,6%	140,6%	736,8%	100,0%	118,1%	118,1%	100,0%	831,6%	1681,7%	1681,7%	724,0%	100,0%	138,5%	138,5%
RO	100,0%	102,2%	1,1%	1,1%	1,1%	100,0%	70,2%	68,9%	100,0%	93,1%	159,0%	103,3%	156,6%	100,0%	101,0%	86,8%
SI	100,0%	159,5%	102,2%	226,8%	226,8%	100,0%	99,1%	247,3%	100,0%	46,3%	153,6%	147,5%	68,8%	100,0%	126,0%	126,0%
SK	100,0%	119,5%	144,6%	97,1%	123,3%	100,0%	94,6%	98,2%	100,0%	176,7%	95,9%	102,5%	96,0%	100,0%	94,1%	89,9%
FI	100,0%	100,0%	154,4%	141,9%	247,9%	100,0%	64,7%	74,7%	100,0%	62,6%	61,9%	57,9%	62,6%	100,0%	84,2%	84,2%
SE	100,0%	120,8%	232,1%	194,8%	143,3%	100,0%	50,0%	260,5%	100,0%	106,3%	104,2%	125,1%	140,7%	100,0%	87,0%	87,0%
UK	100,0%	28,6%	28,6%	28,6%	122,5%	100,0%	100,0%	223,1%	100,0%	100,0%	154,5%	248,6%	385,9%	100,0%	100,0%	160,2%
EU28	100,0%	104,1%	144,2%	135,6%	160,5%	100,0%	95,1%	130,3%	100,0%	115,9%	163,6%	147,8%	129,1%	100,0%	97,3%	124,9%
IS	100,0%	100,0%	100,0%	106,3%	40,6%	100,0%	86,9%	111,2%	100,0%	85,7%	128,3%	186,6%	272,2%	100,0%	74,8%	86,8%
LI	100,0%	85,7%	142,4%	65,8%	108,2%	100,0%	0,0%	0,0%	100,0%	121,6%	90,4%	70,1%	192,2%	100,0%	71,4%	123,8%
NO						100,0%	115,4%	134,2%	100,0%	100,0%	100,0%	172,0%	228,3%	100,0%	98,4%	73,3%
CH	100,0%	365,4%	153,8%	203,8%	180,0%				100,0%	319,9%	103,1%	104,7%	95,7%	100,0%	81,8%	74,3%
Total	100,0%	110,9%	144,4%	137,2%	160,7%	100,0%	95,4%	130,3%	100,0%	122,9%	161,4%	146,3%	128,1%	100,0%	94,0%	113,5%

Source Administrative data EHIC Questionnaire 2010-2014

Table A2.5 Reimbursement claims received and insured, 2011-2013, as part of total number of forms received/issued

	Healthcare received in other MS						Healthcare received in MS A					
	E125 received			E126 issued			E125 issued			E126 received		
MS A	*2011*	*2012*	*2013*	*2011*	*2012*	*2013*	*2011*	*2012*	*2013*	*2011*	*2012*	*2013*
BE		67.3%	64.5%		32.7%	35.5%	93.7%	91.8%	87.7%	6.3%	8.2%	12.3%
BG	99.8%	99.5%	99.1%	0.2%	0.5%	0.9%	78.7%	80.5%	52.2%	21.3%	19.5%	47.8%
CZ			97.9%			2.1%	96.0%	98.2%	97.0%	4.0%	1.8%	3.0%
DK	98.9%	91.7%	86.8%	1.1%	8.3%	13.2%	95.9%	94.7%	97.5%	4.1%	5.3%	2.5%
DE							96.8%	97.1%	96.9%	3.2%	2.9%	3.1%
EE	92.3%	92.6%	91.0%	7.7%	7.4%	9.0%	99.0%	98.1%	99.2%	1.0%	1.9%	0.8%
IE												
GR									99.5%			0.5%
ES	8.1%			91.9%				99.1%			0.9%	
FR												
HR			4.5%			95.5%						
IT											100.0%	
CY	88.5%	98.0%	99.5%	11.5%	2.0%	0.5%		95.4%	96.6%		4.6%	3.4%
LV	99.4%	97.2%	97.7%	0.6%	2.8%	2.3%	75.0%	81.6%	73.5%	25.0%	18.4%	26.5%
LT	92.1%	84.9%	91.3%	7.9%	15.1%	8.7%	91.8%	86.7%	94.7%	8.2%	13.3%	5.3%
LU												
HU	91.0%	64.3%	95.7%	9.0%	35.7%	4.3%	86.6%	90.9%	87.5%	13.4%	9.1%	12.5%
MT	99.1%	98.4%	98.4%	0.9%	1.6%	1.6%	85.8%	90.8%	94.4%	14.2%	9.2%	5.6%
NL	98.8%	95.3%	98.8%	1.2%	4.7%	1.2%	92.4%	91.0%	90.5%	7.6%	9.0%	9.5%
AT		98.6%	95.7%		1.4%	4.3%		97.6%	97.5%		2.4%	2.5%
PL	94.1%	92.8%	91.5%	5.9%	7.2%	8.5%	99.6%	98.9%	99.2%	0.4%	1.1%	0.8%
PT	98.9%		99.8%	1.1%		0.2%	99.6%			0.4%		
RO	30.1%			69.9%			87.9%	82.3%	89.1%	12.1%	17.7%	10.9%
SI	72.0%	85.2%		28.0%	14.8%		99.7%	99.6%		0.3%	0.4%	0.0%
SK	93.5%	91.1%	92.6%	6.5%	8.9%	7.4%	97.9%	98.1%	98.1%	2.1%	1.9%	1.9%
FI	97.7%	98.4%	98.9%	2.3%	1.6%	1.1%	84.0%	85.4%		16.0%	14.6%	
SE	91.8%	94.9%	72.5%	8.2%	5.1%	27.5%	94.3%	95.8%		5.7%	4.2%	
UK			94.0%			6.0%		91.4%	91.2%		8.6%	8.8%
IS	89.5%	91.2%	75.7%	10.5%	8.8%	24.3%	83.8%	91.0%	92.7%	16.2%	9.0%	7.3%
LI	99.9%			0.1%			87.8%	88.6%	92.5%	12.2%	11.4%	7.5%
NO							55.7%	68.7%	79.6%	44.3%	31.3%	20.4%
CH							81.0%	84.1%	84.2%	19.0%	15.9%	15.8%

Source Administrative data EHIC Questionnaire 2010-2014

Annex 3 Reimbursement claims received by the competent MS

Table A3.1 The number of E125 forms received by the competent MS, breakdown per MS of stay, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0		340		59				20482					105	159			53			1487				305	583	786					
BG	0		0		4				0					3	9			1			24				8	15	14					
CZ	45		0		34				524					82	130			6			366				11250	188	494					
DK	0		14		33				0					28	180			2			242				16	0	0					
DE	3095		6868		1996		11489		32743					2335	2366			125			47443				5037	4132	9393					
EE	0		41		0				73					723	136			5			69				24	16686	927					
IE	0		0		0				0					0	0			0			0				0	0	0					
EL	0		51		34				1675					19	42			1			300				66	71	1400					
ES	19739		1277		337		144		64682					379	471			90			2630				628	3602	8941					
FR	4239		896		96				0					91	186			39			1699				390	841	1210					
HR	0		937		0				0					0	0			0			0				0	0	0					
IT	0		1382		18				5533					70	88			43			1650				363	98	1034					
CY	0		10		7		38		31					48	22			3			39				44	12	84					
LV	0		14		54				14					0	128			0			29				0	33	97					
LT	0		19		33				50					67	0			1			96				8	39	36					
LU	0		17		9				1646					10	10			5			51				61	67	0					
HU	0		5		14				83					0	0			0			3				12	88	264					
MT	0		27		3				196					6	22			0			41				26	27	130					
NL	7965		264		66		140		598					85	239			24			1482				296	363	579					
AT	0		3865		122		215		5025					164	169			104			2817				1736	1025	2919					
PL	628		199		36		36		18					71	235			12			0				590	575	3654					
PT	0		1825		48				77090					57	101			2			40				30	365	941					
RO	0		7		1				64					0	0			2			5				10	1	10					
SI	0		346		21				0					17	40			23			624				202	177	283					
SK	88		12913		19		1		4					28	65			4			553					53	275					
FI	0		134		1298		13		1195					100	125			10			324				69	0	0					
SE	0		397		321				694					351	767			32			883				151	5	0					
UK	0		141		0				0					47	117			0			380				51	5	0					
IS	0		10		1		1		139					12	4			1			32				4	0	0					
LI	0		2		0				0					3	0			0			0				3	0	0					
NO	0		30		45				77					44	112			1			139				17	0	0					
CH	1333		478		51		9		4498					59	73			27			286				220	588	932					
Tot	37132	41084	32509	7747	456054	4760	20405	12086	n.a.	217134	9	n.a.	3271	5004	5996	n.a.	23323	616	47346	63677	63734	200000	n.a.	n.a.	21617	29639	34403	206005	898	645	n.a.	46800

* Row: MS of stay; Column: competent MS.

Source Administrative data EHIC Questionnaire 2014

Table A3.2 The number of E126 forms issued by the competent MS, breakdown per MS of stay, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0					20								5	28			2		588				89	13	244				32	
BG	160					18								4	9			0		58				7	2	121				14	
CZ	64					1								0	5			0		149				638	0	69				8	
DK	78					3								0	6			0		13				5	0	72				23	
DE	1293					66		2						33	141			1		2398				333	97	1912				251	
EE	3					0								10	13			0		6				1	33	69				11	
IE	14					2								0	11			1		26				9	0	31				3	
EL	554					3								1	13			0		44				6	25	585				22	
ES	4107					12								2	15			2		73				22	0	3983				151	
FR	7376					50		3						15	78			2		834				142	54	1793				230	
HR	54					1								0	4			0		227				56	2	34				0	
IT	858					7								3	12			1		212				49	2	385				22	
CY	40					1								0	2			0		1				3	14	117				4	
LV	7					36								0	44			0		4				1	0	17				6	
LT	6					6								3	0			0		11				0	0	19				20	
LU	207					14								7	9			0		44				7	0	17				2	
HU	62					2		1						0	1			0		36				12	0	104				1	
MT	35					0		0						0	5			0		2				1	3	46				1	
NL	1010					30		0						7	36			0		398				65	19	376				60	
AT	2231					7		1						7	14			0		241				172	12	939				34	
PL	201					3								2	13			0		0				27	0	210				64	
PT	403					1								1	8			1		57				3	9	266				22	
RO	53					4								0	0			0		3				1	0	28				6	
SI	13					0								0	6			0		136				6	0	27				1	
SK	8					4								1	3			0		11				x	3	10				13	
FI	53					129								4	5			0		19				2	0	617				23	
SE	73					22								2	45			0		139				19	9	0				103	
UK	46					3								3	4			0		22				7	0	79				17	
IS	12					0								0	1			0		3				0	0	36				17	
LI	0					0								0	0			0		1				0	0	0				0	
NO	20					9								4	27			0		76				2	0	207				0	
CH	1405					14		2						6	13			0		111				43	24	614				71	
Tot	20446	389	700	1177	n.a.	468	n.a.	9	n.a.	n.a.	193	n.a.	16	120	571	7610	1053	10	595	2852	5943	497	213	3420	1728	321	13027	13130	289	0	1232	n.a.

* Row: MS of stay; Column: competent MS.

Source Administrative data EHIC Questionnaire 2014

Table A3.3 The number of claims received but not verified by an E126 form by the competent MS, breakdown per MS of stay, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0														0										376							
BG	208														0										13							
CZ	122														0										11878							
DK	42														0										23							
DE	1792														2										5310							
EE	11														0										25							
IE	55														0										8							
EL	1383														1										76							
ES	10468														1										649							
FR	25545														0										508							
HR	299														1										47							
IT	2726														0										418							
CY	54														0										46							
LV	13														1										2							
LT	4														0										8							
LU	332														0										65							
HU	165														0										19							
MT	112														0										27							
NL	2317														0										349							
AT	2278														0										1885							
PL	339														2										634							
PT	868														1										33							
RO	77														0										10							
SI	81														0										207							
SK	25														0																	
FI	43														0										70							
SE	83														1										166							
UK	86														0										57							
IS	24														0										4							
LI	0														0										3							
NO	98														0										20							
CH	957														0										253							
Tot	50607														10										23189							

* Row: MS of stay; Column: competent MS.
Source Administrative data EHIC Questionnaire 2014

Table A3.4 The number of E125 forms received by the competent MS, breakdown per MS of stay, column %, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0		1.0		1.2				9.4					2.1	2.7		8.6			2.3					1.4	2.0	2.3					
BG	0.0		0.0		0.1				0.0					0.1	0.2		0.2			0.0					0.0	0.1	0.0					
CZ	0.1		0.0		0.7				0.2					1.6	2.2		1.0			0.6					52.0	0.6	1.4					
DK	0.0		0.0		0.7				0.0					0.6	3.0		0.3			0.4					0.1	0.0	0.0					
DE	8.3		21.1		41.9				15.1					46.7	39.5		20.3			74.4					23.3	13.9	27.3					
EE	0.0		0.1		0.0				0.0					14.4	2.3		0.8			0.1					0.1	56.3	2.7					
IE	0.0		0.0		0.0				0.0					0.0	0.0		0.0			0.0					0.0	0.0	0.0					
EL	0.0		0.2		0.7				0.8					0.4	0.7		0.2			0.5					0.3	0.2	4.1					
ES	53.2		3.9		7.1				29.8					7.6	7.9		14.6			4.1					2.9	12.2	26.0					
FR	11.4		2.8		2.0				0.0					1.8	3.1		6.3			2.7					1.8	2.8	3.5					
HR	0.0		2.9		0.0				0.0					0.0	0.0		0.0			0.0					0.0	0.0	0.0					
IT	0.0		4.3		0.4				2.5					1.4	1.5		7.0			2.6					1.7	0.3	3.0					
CY	0.0		0.0		0.1				0.0					1.0	0.4		0.5			0.1					0.2	0.0	0.2					
LV	0.0		0.0		1.1				0.0					0.0	2.1		0.0			0.0					0.0	0.1	0.3					
LT	0.0		0.1		0.7				0.0					1.3	0.0		0.2			0.2					0.0	0.1	0.1					
LU	0.0		0.1		0.2				0.8					0.2	0.2		0.8			0.1					0.3	0.2	0.0					
HU	0.0		0.0		0.3				0.0					0.0	0.0		0.0			0.0					0.1	0.3	0.8					
MT	0.0		0.1		0.1				0.1					0.1	0.4		0.0			0.1					0.1	0.1	0.4					
NL	21.5		0.8		1.4				0.3					1.7	4.0		3.9			2.3					1.4	1.2	1.7					
AT	0.0		11.9		2.6				2.3					3.3	2.8		16.9			4.4					8.0	3.5	8.5					
PL	1.7		0.6		0.8				0.0					1.4	3.9		1.9			0.0					2.7	1.9	10.6					
PT	0.0		5.6		1.0				35.5					1.1	1.7		0.3			0.1					0.1	1.2	2.7					
RO	0.0		0.0		0.0				0.0					0.0	0.0		0.3			0.0					0.0	0.0	0.0					
SI	0.0		1.1		0.4				0.0					0.3	0.7		3.7			1.0					0.9	0.6	0.8					
SK	0.2		39.7		0.4				0.0					0.6	1.1		0.6			0.9						0.2	0.8					
FI	0.0		0.4		27.3				0.6					2.0	2.1		1.6			0.5					0.3	0.0	0.0					
SE	0.0		1.2		6.7				0.3					7.0	12.8		5.2			1.4					0.7	0.0	0.0					
UK	0.0		0.4		0.0				0.0					0.9	2.0		0.0			0.6					0.2	0.0	0.0					
IS	0.0		0.0		0.0				0.1					0.2	0.1		0.2			0.1					0.0	0.0	0.0					
LI	0.0		0.0		0.0				0.0					0.1	0.0		0.0			0.0					0.0	0.0	0.0					
NO	0.0		0.1		0.9				0.0					0.9	1.9		0.2			0.2					0.1	0.0	0.0					
CH	3.6		1.5		1.1				2.1					1.2	1.2		4.4			0.4					1.0	2.0	2.7					
Tot	100		100		100				100					100	100		100			100					100	100	100					

* □ = Top 3; Row: MS of stay; Column: competent MS.

Source Administrative data EHIC Questionnaire 2014

Table A3.5 The number of E126 forms issued by the competent MS, breakdown per MS of stay, column %, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0				4.3									4.2	4.9			20.0			9.9				5.2	4.0	1.9				2.6	
BG	0.8				3.8									3.3	1.6			0.0			1.0				0.4	0.6	0.9				1.1	
CZ	0.3				0.2									0.0	0.9			0.0			2.5				36.9	0.0	0.5				0.6	
DK	0.4				0.6									0.0	1.1			0.0			0.2				0.3	0.0	0.6				1.9	
DE	6.3				14.1									27.5	24.7			10.0			40.3				19.3	30.2	14.7				20.4	
EE	0.0				0.0									8.3	2.3			0.0			0.1				0.1	10.3	0.5				0.9	
IE	0.1				0.4									0.0	1.9			10.0			0.4				0.5	0.0	0.2				0.2	
EL	2.7				0.6									0.8	2.3			0.0			0.7				0.3	7.8	4.5				1.8	
ES	20.1				2.6									1.7	2.6			20.0			1.2				1.3	0.0	30.6				12.3	
FR	36.1				10.7									12.5	13.7			20.0			14.0				8.2	16.8	13.8				18.7	
HR	0.3				0.2									0.0	0.7			0.0			3.8				3.2	0.6	0.3				0.0	
IT	4.2				1.5									2.5	2.1			10.0			3.6				2.8	0.6	3.0				1.8	
CY	0.2				0.2									0.0	0.4			0.0			0.0				0.2	4.4	0.9				0.3	
LV	0.0				7.7									0.0	7.7			0.0			0.1				0.1	0.0	0.1				0.5	
LT	0.0				1.3									2.5	0.0			0.0			0.2				0.0	0.0	0.1				1.6	
LU	1.0				3.0									5.8	1.6			0.0			0.7				0.4	0.0	0.1				0.2	
HU	0.3				0.4									0.0	0.2			0.0			0.6				0.7	0.0	0.8				0.1	
MT	0.2				0.0									0.0	0.9			0.0			0.0				0.1	0.9	0.4				0.1	
NL	4.9				6.4									5.8	6.3			0.0			6.7				3.8	5.9	2.9				4.9	
AT	10.9				1.5									5.8	2.5			0.0			4.1				10.0	3.7	7.2				2.8	
PL	1.0				0.6									1.7	2.3			0.0			0.0				1.6	0.0	1.6				5.2	
PT	2.0				0.2									0.8	1.4			10.0			1.0				0.2	2.8	2.0				1.8	
RO	0.3				0.9									0.0	0.0			0.0			0.1				0.1	0.0	0.2				0.5	
SI	0.1				0.0									0.0	1.1			0.0			2.3				0.3	0.0	0.2				0.1	
SK	0.0				0.9									0.8	0.5			0.0			0.2					0.9	0.1				1.1	
FI	0.3				27.6									3.3	0.9			0.0			0.3				0.1	0.0	4.7				1.9	
SE	0.4				4.7									1.7	7.9			0.0			2.3				1.1	2.8	0.0				8.4	
UK	0.2				0.6									2.5	0.7			0.0			0.4				0.4	0.0	0.6				1.4	
IS	0.1				0.0									0.0	0.2			0.0			0.1				0.0	0.0	0.3				1.4	
LI	0.0				0.0									0.0	0.0			0.0			0.0				0.0	0.0	0.0				0.0	
NO	0.1				1.9									3.3	4.7			0.0			1.3				0.1	0.0	1.6				0.0	
CH	6.9				3.0									5.0	2.3			0.0			1.9				2.5	7.5	4.7				5.8	
Tot	100				100									100	100			100			100				100	100	100				100	

* □ = Top 3; Row: MS of stay; Column: competent MS.
Source Administrative data EHIC Questionnaire 2014

Table A3.6 The number of claims received but not verified by an E126 form by the competent MS, breakdown per MS of stay, column percentage, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0														0.0									1.6							
BG	0.4														0.0									0.1							
CZ	0.2														0.0									51.2							
DK	0.1														0.0									0.1							
DE	3.5														20.0									22.9							
EE	0.0														0.0									0.1							
IE	0.1														0.0									0.0							
EL	2.7														10.0									0.3							
ES	20.7														10.0									2.8							
FR	50.5														0.0									2.2							
HR	0.6														10.0									0.2							
IT	5.4														0.0									1.8							
CY	0.1														0.0									0.2							
LV	0.0														10.0									0.0							
LT	0.0														0.0									0.0							
LU	0.7														0.0									0.3							
HU	0.3														0.0									0.1							
MT	0.2														0.0									0.1							
NL	4.6														0.0									1.5							
AT	4.5														0.0									8.1							
PL	0.7														20.0									2.7							
PT	1.7														10.0									0.1							
RO	0.2														0.0									0.0							
SI	0.2														0.0									0.9							
SK	0.0														0.0																
FI	0.1														0.0									0.3							
SE	0.2														10.0									0.7							
UK	0.2														0.0									0.2							
IS	0.0														0.0									0.0							
LI	0.0														0.0									0.0							
NO	0.2														0.0									0.1							
CH	1.9														0.0									1.1							
Tot	100														100									100							

* □ = Top 3; Row: MS of stay; Column: competent MS.
Source Administrative data EHIC Questionnaire 2014

Table A3.7 The amount of E125 forms received by the competent MS, breakdown per MS of stay, in millions €, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.00					0.08		0.00		38.19				0.09	0.24			0.01			2.15				0.26	0.36	0.46					
BG	0.00					0.00		0.00		0.00				0.00	0.01			0.00			0.01				0.00	0.00	0.01					
CZ	0.00					0.00		0.00		0.08				0.03	0.50			0.00			0.04				1.87	0.03	0.10					
DK	0.00					0.01		0.00		0.00				0.04	0.05			0.01			0.14				0.01	0.00	0.00					
DE	1.61					0.83		5.06		9.92				1.16	1.20			0.03			20.06				1.91	1.92	4.56					
EE	0.00					0.00		0.00		0.00				0.16	0.05			0.00			0.01				0.00	1.64	0.16					
IE	0.00					0.00		0.00		0.00				0.00	0.00			0.00			0.00				0.00	0.00	0.00					
EL	0.00					0.01		0.00		0.44				0.00	0.01			0.00			0.05				0.01	0.01	0.20					
ES	6.31					0.21		0.04		17.50				0.30	0.26			0.01			0.80				0.13	1.68	3.93					
FR	10.56					0.47		0.00		0.00				0.47	0.43			0.03			5.28				0.80	0.96	2.20					
HR	0.00					0.00		0.00		0.00				0.00	0.00			0.00			0.00				0.00	0.00	0.00					
IT	0.00					0.02		0.00		1.87				0.14	0.07			0.11			1.16				0.31	0.06	0.97					
CY	0.00					0.00		0.03		0.01				0.03	0.01			0.00			0.03				0.03	0.00	0.05					
LV	0.00					0.01		0.00		0.00				0.00	0.03			0.00			0.00				0.00	0.01	0.02					
LT	0.00					0.01		0.00		0.01				0.03	0.00			0.00			0.01				0.00	0.00	0.02					
LU	0.00					0.04		0.00		3.32				0.02	0.01			0.00			0.04				0.05	0.12	0.00					
HU	0.00					0.00		0.00		0.00				0.00	0.00			0.00			0.00				0.01	0.02	0.06					
MT	0.00					0.00		0.00		0.06				0.01	0.00			0.00			0.02				0.00	0.01	0.07					
NL	5.41					0.07		0.12		1.00				0.10	0.21			0.03			1.49				0.26	0.30	0.44					
AT	0.00					0.03		0.03		2.10				0.08	0.12			0.00			1.83				1.13	0.51	1.09					
PL	0.12					0.01		0.04		0.00				0.05	0.06			0.00			0.00				0.09	0.06	0.39					
PT	0.00					0.00		0.00		8.38				0.01	0.03			0.00			0.00				0.00	0.11	0.28					
RO	0.00					0.00		0.00		0.03				0.00	0.00			0.00			0.00				0.00	0.00	0.00					
SI	0.00					0.00		0.00		0.00				0.01	0.01			0.00			0.14				0.09	0.02	0.06					
SK	0.01					0.00		0.00		0.00				0.00	0.01			0.00			0.09				0.00	0.00	0.04					
FI	0.00					1.04		0.00		0.47				0.10	0.07			0.01			0.21				0.02	0.00	0.00					
SE	0.00					0.31		0.00		0.53				0.51	1.12			0.03			1.09				0.12	0.11	0.00					
UK	0.00					0.00		0.00		5.05				0.09	0.29			0.00			0.90				0.07	0.28	0.04					
IS	0.00					0.00		0.01		0.15				0.02	0.00			0.00			0.00				0.00	0.00	0.00					
LI	0.00					0.00		0.00		0.00				0.00	0.00			0.00			0.00				0.00	0.00	0.00					
NO	0.00					0.21		0.00		0.41				0.46	1.06			0.00			0.99				0.07	0.00	0.00					
CH	2.60					0.07		0.00		13.89				0.18	0.06			0.05			0.38				0.28	0.42	1.28					
Tot	26.62	23.35	n.a.	3.50	n.a.	3.45	6.78	5.33	n.a.	103.43	0.01	n.a.	4.20	4.09	5.91	n.a.	14.15	0.34	85.32	15.83	36.93	n.a.	n.a.	n.a.	7.53	8.66	16.44	84.06	0.83	1.84	n.a.	31.84

* Row: MS of stay; Column: competent MS.

Source Administrative data EHIC Questionnaire 2014

Table A3.8 The amount of E126 forms issued by the competent MS, breakdown per MS of stay, in millions €, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.00							0.000						0.00	0.01			0.0002			0.11			0.00		0.00						
BG	0.03							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
CZ	0.05							0.000						0.00	0.00			0.0000			0.01			0.00		0.00						
DK	0.03							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
DE	0.74							0.001						0.01	0.02			0.0000			0.35			0.00		0.03						
EE	0.00							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
IE	0.00							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
EL	0.17							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
ES	1.86							0.000						0.00	0.00			0.0001			0.01			0.00		0.00						
FR	2.69							0.000						0.00	0.00			0.0000			0.09			0.00		0.00						
HR	0.02							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
IT	0.28							0.000						0.00	0.00			0.0000			0.02			0.00		0.00						
CY	0.05							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
LV	0.00							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
LT	0.00							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
LU	0.06							0.000						0.00	0.00			0.0000			0.01			0.00		0.00						
HU	0.04							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
MT	0.03							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
NL	0.67							0.000						0.00	0.00			0.0000			0.05			0.00		0.00						
AT	0.78							0.000						0.01	0.00			0.0000			0.03			0.00		0.00						
PL	0.05							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
PT	0.22							0.000						0.00	0.00			0.0002			0.00			0.00		0.00						
RO	0.02							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
SI	0.00							0.000						0.00	0.00			0.0000			0.01			0.00		0.00						
SK	0.00							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
FI	0.02							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
SE	0.12							0.000						0.00	0.01			0.0000			0.03			0.00		0.01						
UK	0.02							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
IS	0.00							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
LI	0.00							0.000						0.00	0.00			0.0000			0.00			0.00		0.00						
NO	0.00							0.000						0.00	0.00			0.0000			0.01			0.00		0.00						
CH	0.31							0.001						0.00	0.00			0.0000			0.03			0.00		0.01						
Tot	8.27	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0.003	n.a.	n.a.	n.a.	n.a.	n.a.	0.03	0.05	n.a.	0.15	0.0005	n.a.	n.a.	0.75	n.a.	0.07	0.37	n.a.	0.06	n.a.	n.a.	0.22	0.00	n.a.	n.a.

* Row: MS of stay; Column: competent MS.

Source Administrative data EHIC Questionnaire 2014

Table A3.9 The amount of claims received but not verified by an E126 form by the competent MS, breakdown per MS of stay, in millions €, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.00														0.00000										0.26							
BG	0.02														0.00000										0.00							
CZ	0.00														0.00000										1.89							
DK	0.00														0.00000										0.01							
DE	0.11														0.00000										1.92							
EE	0.00														0.00000										0.00							
IE	0.00														0.00000										0.00							
EL	0.09														0.00000										0.01							
ES	0.75														0.00039										0.13							
FR	1.20														0.00000										0.80							
HR	0.01														0.00004										0.00							
IT	0.12														0.00000										0.31							
CY	0.00														0.00000										0.03							
LV	0.00														0.00000										0.00							
LT	0.00														0.00000										0.00							
LU	0.02														0.00000										0.05							
HU	0.01														0.00000										0.01							
MT	0.01														0.00000										0.00							
NL	0.14														0.00000										0.26							
AT	0.18														0.00000										1.14							
PL	0.01														0.00012										0.09							
PT	0.04														0.00000										0.00							
RO	0.00														0.00000										0.00							
SI	0.00														0.00000										0.10							
SK	0.00														0.00000																	
FI	0.00														0.00000										0.02							
SE	0.00														0.00000										0.12							
UK	0.00														0.00000										0.07							
IS	0.00														0.00000										0.00							
LI	0.00														0.00000										0.00							
NO	0.00														0.00000										0.07							
CH	0.06														0.00000										0.28							
Tot	2.80														0.00054										7.58							

* Row: MS of stay; Column: competent MS.
Source Administrative data EHIC Questionnaire 2014

Table A3.10 The amount of E125 forms received by the competent MS, breakdown per MS of stay, column %, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0				2.4					36.9				2.2	4.0			4.2			5.8				3.5	4.1	2.8					
BG	0.0				0.0					0.0				0.0	0.1			0.1			0.0				0.0	0.0	0.1					
CZ	0.0				0.1					0.1				0.7	8.5			0.1			0.1				24.9	0.3	0.6					
DK	0.0				0.3					0.0				0.9	0.8			1.7			0.4				0.2	0.0	0.0					
DE	6.0				24.0					9.6				28.3	20.4			9.9			54.3				25.4	22.2	27.7					
EE	0.0				0.0					0.0				3.9	0.8			0.0			0.0				0.0	19.0	1.0					
IE	0.0				0.0					0.0				0.0	0.0			0.0			0.0				0.0	0.0	0.0					
EL	0.0				0.4					0.4				0.0	0.2			0.6			0.1				0.1	0.1	1.2					
ES	23.7				6.1					16.9				7.3	4.4			3.8			2.2				1.7	19.4	23.9					
FR	39.7				13.6					0.0				11.6	7.2			8.5			14.3				10.6	11.1	13.4					
HR	0.0				0.0					0.0				0.0	0.0			0.0			0.0				0.0	0.0	0.0					
IT	0.0				0.6					1.8				3.4	1.2			31.5			3.1				4.1	0.7	5.9					
CY	0.0				0.1					0.0				0.7	0.2			0.4			0.1				0.4	0.0	0.3					
LV	0.0				0.4					0.0				0.0	0.6			0.0			0.0				0.0	0.1	0.1					
LT	0.0				0.3					0.0				0.8	0.0			0.0			0.0				0.0	0.1	0.1					
LU	0.0				1.1					3.2				0.4	0.1			0.3			0.1				0.6	1.4	0.0					
HU	0.0				0.1					0.0				0.0	0.0			0.0			0.0				0.1	0.2	0.3					
MT	0.0				0.0					0.1				0.2	0.0			0.0			0.0				0.0	0.1	0.4					
NL	20.3				2.0					1.0				2.5	3.5			8.8			4.0				3.4	3.5	2.7					
AT	0.0				0.9					2.0				1.9	2.0			1.1			5.0				15.0	5.9	6.6					
PL	0.4				0.2					0.0				1.3	1.0			0.3			0.0				1.2	0.7	2.4					
PT	0.0				0.1					8.1				0.2	0.5			0.0			0.0				0.0	1.3	1.7					
RO	0.0				0.0					0.0				0.0	0.0			0.2			0.0				0.0	0.0	0.0					
SI	0.0				0.1					0.0				0.2	0.2			0.4			0.4				1.3	0.2	0.4					
SK	0.0				0.1					0.0				0.1	0.2			0.0			0.3					0.1	0.3					
FI	0.0				30.3					0.5				2.4	1.3			2.5			0.6				0.3	0.0	0.0					
SE	0.0				8.8					0.5				12.5	18.9			9.1			3.0				1.6	1.3	0.0					
UK	0.0				0.0					4.9				2.3	5.0			0.0			2.4				1.0	3.2	0.3					
IS	0.0				0.0					0.1				0.4	0.0			0.0			0.0				0.0	0.0	0.0					
LI	0.0				0.0					0.0				0.0	0.0			0.0			0.0				0.0	0.0	0.0					
NO	0.0				5.9					0.4				11.3	17.9			0.7			2.7				0.9	0.0	0.0					
CH	9.8				2.1					13.4				4.4	1.0			15.6			1.0				3.8	4.8	7.8					
Tot	100				100					100				100	100			100			100				100	100	100					

* □ = Top 3; Row: MS of stay; Column: competent MS.
Source Administrative data EHIC Questionnaire 2014

Table A3.11 The amount of E126 forms issued by the competent MS, breakdown per MS of stay, column %, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0													5.7	12.6			30.6		14.2						5.1						
BG	0.3													0.0	0.0			0.0		0.1						0.0						
CZ	0.6													2.7	0.2			0.0		0.9						0.0						
DK	0.3													0.0	0.2			0.0		0.1						0.0						
DE	8.9													51.6	28.7			4.9		46.8						52.4						
EE	0.0													2.3	1.1			0.0		0.0						3.3						
IE	0.0													0.0	2.1			0.0		0.4						0.0						
EL	2.0													0.5	0.3			0.0		0.0						0.0						
ES	22.5													0.0	0.2			28.5		0.7						0.0						
FR	32.5													1.6	5.8			5.8		11.3						4.8						
HR	0.3													0.0	0.2			0.0		0.3						0.0						
IT	3.3													1.4	0.9			0.0		2.0						0.0						
CY	0.6													0.0	0.5			0.0		0.0						0.0						
LV	0.0													0.0	4.9			0.0		0.1						0.0						
LT	0.0													0.8	0.0			0.0		0.2						0.0						
LU	0.8													1.9	2.3			0.0		0.7						0.2						
HU	0.5													0.0	0.0			0.0		0.1						0.0						
MT	0.3													0.0	0.2			0.0		0.1						0.0						
NL	8.1													0.9	5.4			0.0		6.3						3.9						
AT	9.4													24.5	2.6			0.0		4.2						0.5						
PL	0.6													4.9	1.0			0.0		0.0						0.0						
PT	2.7													0.0	0.0			30.1		0.2						0.0						
RO	0.2													0.0	0.0			0.0		0.0						0.0						
SI	0.0													0.0	2.2			0.0		1.3						0.0						
SK	0.0													0.0	0.1			0.0		0.1						0.1						
FI	0.2													0.4	3.6			0.0		0.1						0.0						
SE	1.4													0.7	15.4			0.0		3.9						10.8						
UK	0.2													0.0	0.7			0.0		0.5						0.0						
IS	0.0													0.0	0.0			0.0		0.0						0.0						
LI	0.0													0.0	0.0			0.0		0.0						0.0						
NO	0.1													0.0	4.8			0.0		1.5						0.0						
CH	3.8													0.0	4.1			0.0		3.7						18.9						
Tot	100													100	100			100		100						100						

* □ = Top 3; Row: MS of stay; Column: competent MS.

Source Administrative data EHIC Questionnaire 2014

Table A3.12 The amount of claims received but not verified by an E126 form by the competent MS, breakdown per competent MS, in column %, 2013

MS of stay	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0														0.0										3.4							
BG	0.7														0.0										0.0							
CZ	0.2														0.0										24.9							
DK	0.1														0.0										0.2							
DE	3.8														0.0										25.4							
EE	0.0														0.0										0.0							
IE	0.1														0.0										0.0							
EL	3.2														0.0										0.1							
ES	26.9														71.6										1.7							
FR	42.7														0.0										10.6							
HR	0.4														7.3										0.0							
IT	4.4														0.0										4.0							
CY	0.1														0.0										0.4							
LV	0.0														0.0										0.0							
LT	0.0														0.0										0.0							
LU	0.7														0.0										0.6							
HU	0.2														0.0										0.1							
MT	0.2														0.0										0.0							
NL	4.9														0.0										3.4							
AT	6.4														0.0										15.0							
PL	0.5														21.2										1.2							
PT	1.5														0.0										0.0							
RO	0.1														0.0										0.0							
SI	0.1														0.0										1.3							
SK	0.0														0.0																	
FI	0.1														0.0										0.3							
SE	0.1														0.0										1.6							
UK	0.2														0.0										1.0							
IS	0.1														0.0										0.0							
LI	0.0														0.0										0.0							
NO	0.1														0.0										0.9							
CH	2.1														0.0										3.7							
Tot	100														100										100							

* □ = Top 3; Row: MS of stay; Column: competent MS.
Source Administrative data EHIC Questionnaire 2014

Annex 4 Reimbursement claims issued by the MS of stay or insured persons

Table A4.1 The number of E125 forms issued by the MS of stay, breakdown per competent MS, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0		263			23	2269		9894					8	11			25			1794				105	132	420				43	
BG	528		356			36	1265		509					28	6			59			595				25	45	213				6	
CZ	157		0			41	72		522					14	27			27			2005				12137	143	282				31	
DK	39		260			78	102		252					4	20			33			1400				100	0	0				0	
DE	1205		6380			573	65398		7095					0	351			294			40786				2341	1386	6916				537	
EE	24		32			0	12		62					54	39			1			34				15	1347	340				45	
IE	116		354			123	44		809					0	88			67			4961				980	75	0				0	
EL	655		271			9	0		528					0	6			4			206				213	70	433				10	
ES	1389		693			141	89		5900					23	93			264			1347				258	521	1147				93	
FR	14401		775			86	684		0					11	46			234			2276				286	462	1330				84	
HR	0		137			0	0		0					0	0			1			3				1	13	0				0	
IT	3131		1453			171	1097		13512					0	94			804			4507				1015	499	1465				81	
CY	15		131			24	404		49					0	2			6			72				87	21	51				0	
LV	46		86			722	8		84					0	73			13			81				27	103	566				44	
LT	70		119			123	5		185					128	0			24			236				53	125	360				112	
LU	2065		55			7	6		1228					0	0			1			249				39	15	0				0	
HU	301		239			81	47		361					0	3			61			242				386	95	346				4	
MT	11		17			5	1		30					0	0			0			8				4	10	32				1	
NL	1902		801			89	447		5519					0	36			69			5508				348	260	1223				284	
AT	93		1615			52	372		558					7	22			28			2245				1640	146	575				33	
PL	935		1007			74	249		1339					32	90			59			0				521	416	1822				245	
PT	869		308			27	5		5216					0	16			12			243				38	71	261				0	
RO	468		74			7	81		841					0	7			6			31				23	50	368				28	
SI	61		78			11	11		86					0	1			15			655				82	27	108				2	
SK	156		17637			14	28		295					0	5			39			50					87	223				24	
FI	67		136			8942	70		266					33	21			18			348				66	0	0				0	
SE	165		451			726	4446		983					36	55			119			3191				123	23	0				0	
UK	1546		2936			0	2256		19596					44	377			0			28714				4651	11	2932				0	
IS	8		18			15	0		29					0	5			4			443				31	0	0				0	
LI	2		7			1	25		6					0	0			0			1				1	3	3				0	
NO	105		446			494	111		561					25	97			42			5142				667	4	0				0	
CH	227		561			28	151		3050					0	11			66			447				454	269	1098				46	
Tot	30757	1265	37696	9172	380545	12723	0	79755	n.a.	79365	0	n.a.	5676	447	1602	n.a.	2071	2395	35657	200938	107820	121000	1405	13994	26717	6429	22514	3087	1750	321	1753	43500

* Row: competent MS; Column: MS of stay

Source Administrative data EHIC Questionnaire 2014

Table A4.2 The number of E126 forms received by the MS of stay, breakdown per competent MS, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0		89			5		215	5840					8	6			43			235				7						25	
BG	33		1			2		4	10					0	1			0			2				0						1	
CZ	56		0			2		2	31					2	0			1			12				225						7	
DK	6		1			0		7	47					1	0			2			2				1						73	
DE	203		58			0		47	1174					12	3			11			131				5						34	
EE	26		1			0		1	13					44	9			0			3				4						9	
IE	6		4			0		0	86					0	2			2			33				12						0	
EL	6		1			0		0	3					0	0			0			1				1						0	
ES	510		36			0		2	0					2	3			17			17				7						30	
FR	286		4			0		3	10					0	0			0			5				0						16	
HR	0		1			0		0	1					0	0			0			0				2						0	
IT	288		33			2		23	230					2	1			11			13				13						10	
CY	1		1			0		5	0					0	0			0			0				7						0	
LV	8		1			11		1	3					0	3			0			2				2						4	
LT	37		3			12		2	11					46	0			4			12				4						25	
LU	1,431		0			6		0	0					6	9			0			61				9						8	
HU	93		13			0		5	20					0	2			2			3				16						4	
MT	0		0			0		0	2					0	0			0			0				0						0	
NL	85		0			0		5	152					0	1			0			8				0						2	
AT	44		15			1		0	30					1	1			4			17				17						4	
PL	653		159			4		11	78					3	12			3			0				141						74	
PT	52		0			0		0	23					0	0			1			1				0						1	
RO	19		7			0		7	13					0	3			0			3				2						0	
SI	121		20			0		15	71					0	2			3			27				8						9	
SK	105		648			0		4	17					1	0			1			30				x						3	
FI	4		0			17		1	0					0	0			3			0				2						0	
SE	126		37			32		44	473					20	9			27			92				5						75	
UK	53		39			1		13	25					7	7			4			59				15						24	
IS	6		1			0		0	62					1	0			1			9				1						10	
LI	0		0			0		0	0					0	0			0			0				0						0	
NO	35		8			10		9	151					5	16			1			53				11						0	
CH	24		0			0		1	41					0	0			0			0				0						0	
Tot	4317	1159	1181	233	12057	105	600	427	8617	n.a.	2849	n.a.	200	161	90	1,150	295	141	3731	5076	831	n.a.	171	n.a.	517	n.a.	n.a.	298	138	26	448	8173

* Row: competent MS; Column: MS of stay

Source Administrative data EHIC Questionnaire 2014

Table A4.3 The number of E125 forms issued by the MS of stay, breakdown per competent MS, column %, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0		0.7			0.2		2.8		12.5				1.8	0.7			1.0			1.7				0.4	2.1	1.9				2.5	
BG	1.7		0.9			0.3		1.6		0.6				6.3	0.4			2.5			0.6				0.1	0.7	0.9				0.3	
CZ	0.5		0.0			0.3		0.1		0.7				3.1	1.7			1.1			1.9				45.4	2.2	1.3				1.8	
DK	0.1		0.7			0.6		0.1		0.3				0.9	1.2			1.4			1.3				0.4	0.0	0.0				0.0	
DE	3.9		16.9			4.5		82.0		8.9				0.0	21.9			12.3			37.8				8.8	21.6	30.7				30.6	
EE	0.1		0.1			0.0		0.0		0.1				12.1	2.4			0.0			0.0				0.1	21.0	1.5				2.6	
IE	0.4		0.9			1.0		0.1		1.0				0.0	5.5			2.8			4.6				3.7	1.2	0.0				0.0	
EL	2.1		0.7			0.1		0.0		0.7				0.0	0.4			0.2			0.2				0.8	1.1	1.9				0.6	
ES	4.5		1.8			1.1		0.1		7.4				5.1	5.8			11.0			1.2				1.0	8.1	5.1				5.3	
FR	46.8		2.1			0.7		0.9		0.0				2.5	2.9			9.8			2.1				1.1	7.2	5.9				4.8	
HR	0.0		0.4			0.0		0.0		0.0				0.0	0.0			0.0			0.0				0.0	0.2	0.0				0.0	
IT	10.2		3.9			1.3		1.4		17.0				0.0	5.9			33.6			4.2				3.8	7.8	6.5				4.6	
CY	0.0		0.3			0.2		0.5		0.1				0.0	0.1			0.3			0.1				0.3	0.3	0.2				0.0	
LV	0.1		0.2			5.7		0.0		0.1				0.0	4.6			0.5			0.1				0.1	1.6	2.5				2.5	
LT	0.2		0.3			1.0		0.0		0.2				28.6	0.0			1.0			0.2				0.2	1.9	1.6				6.4	
LU	6.7		0.1			0.1		0.0		1.5				0.0	0.0			0.0			0.2				0.1	0.2	0.0				0.0	
HU	1.0		0.6			0.6		0.1		0.5				0.0	0.2			2.5			0.2				1.4	1.5	1.5				0.2	
MT	0.0		0.0			0.0		0.0		0.0				0.0	0.0			0.0			0.0				0.0	0.2	0.1				0.1	
NL	6.2		2.1			0.7		0.6		7.0				0.0	2.2			2.9			5.1				1.3	4.0	5.4				16.2	
AT	0.3		4.3			0.4		0.5		0.7				1.6	1.4			1.2			2.1				6.1	2.3	2.6				1.9	
PL	3.0		2.7			0.6		0.3		1.7				7.2	5.6			2.5			0.0				2.0	6.5	8.1				14.0	
PT	2.8		0.8			0.2		0.0		6.6				0.0	1.0			0.5			0.2				0.1	1.1	1.2				0.0	
RO	1.5		0.2			0.1		0.1		1.1				0.0	0.4			0.3			0.0				0.1	0.8	1.6				1.6	
SI	0.2		0.2			0.1		0.0		0.1				0.0	0.1			0.6			0.6				0.3	0.4	0.5				0.1	
SK	0.5		46.8			0.1		0.0		0.4				0.0	0.3			1.6			0.0					1.4	1.0				1.4	
FI	0.2		0.4			70.3		0.1		0.3				7.4	1.3			0.8			0.3				0.2	0.0	0.0				0.0	
SE	0.5		1.2			5.7		5.6		1.2				8.1	3.4			5.0			3.0				0.5	0.4	0.0				0.0	
UK	5.0		7.8			0.0		2.8		24.7				9.8	23.5			0.0			26.6				17.4	0.2	13.0				0.0	
IS	0.0		0.0			0.1		0.0		0.0				0.0	0.3			0.2			0.4				0.1	0.0	0.0				0.0	
LI	0.0		0.0			0.0		0.0		0.0				0.0	0.0			0.0			0.0				0.0	0.0	0.0				0.0	
NO	0.3		1.2			3.9		0.1		0.7				5.6	6.1			1.8			4.8				2.5	0.1	0.0				0.0	
CH	0.7		1.5			0.2		0.2		3.8				0.0	0.7			2.8			0.4				1.7	4.2	4.9				2.6	
Tot	100		100			100		100		100				100	100			100			100				100	100	100				100	

* □ = Top 3; Row: competent MS; Column: MS of stay

Source Administrative data EHIC Questionnaire 2014

Table A4.4 The number of E126 forms received by the MS of stay, breakdown per competent MS, in column %, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0		7.5			4.8		50.4	67.8					5.0	6.7			30.5			28.3				1.4						5.6	
BG	0.8		0.1			1.9		0.9	0.1					0.0	1.1			0.0			0.2				0.0						0.2	
CZ	1.3		0.0			1.9		0.5	0.4					1.2	0.0			0.7			1.4				43.5						1.6	
DK	0.1		0.1			0.0		1.6	0.5					0.6	0.0			1.4			0.2				0.2						16.3	
DE	4.7		4.9			0.0		11.0	13.6					7.5	3.3			7.8			15.8				1.0						7.6	
EE	0.6		0.1			0.0		0.2	0.2					27.3	10.0			0.0			0.4				0.8						2.0	
IE	0.1		0.3			0.0		0.0	1.0					0.0	2.2			1.4			4.0				2.3						0.0	
EL	0.1		0.1			0.0		0.0	0.0					0.0	0.0			0.0			0.1				0.2						0.0	
ES	11.8		3.0			0.0		0.5	0.0					1.2	3.3			12.1			2.0				1.4						6.7	
FR	6.6		0.3			0.0		0.7	0.1					0.0	0.0			0.0			0.6				0.0						3.6	
HR	0.0		0.1			0.0		0.0	0.0					0.0	0.0			0.0			0.0				0.4						0.0	
IT	6.7		2.8			1.9		5.4	2.7					1.2	1.1			7.8			1.6				2.5						2.2	
CY	0.0		0.1			0.0		1.2	0.0					0.0	0.0			0.0			0.0				1.4						0.0	
LV	0.2		0.1			10.5		0.2	0.0					0.0	3.3			0.0			0.2				0.4						0.9	
LT	0.9		0.3			11.4		0.5	0.1					28.6	0.0			2.8			1.4				0.8						5.6	
LU	33.1		0.0			5.7		0.0	0.0					3.7	10.0			0.0			7.3				1.7						1.8	
HU	2.2		1.1			0.0		1.2	0.2					0.0	2.2			1.4			0.4				3.1						0.9	
MT	0.0		0.0			0.0		0.0	0.0					0.0	0.0			0.0			0.0				0.0						0.0	
NL	2.0		0.0			0.0		1.2	1.8					0.0	1.1			0.0			1.0				0.0						0.4	
AT	1.0		1.3			1.0		0.0	0.3					0.6	1.1			2.8			2.0				3.3						0.9	
PL	15.1		13.5			3.8		2.6	0.9					1.9	13.3			2.1			0.0				27.3						16.5	
PT	1.2		0.0			0.0		0.0	0.3					0.0	0.0			0.7			0.1				0.0						0.2	
RO	0.4		0.6			0.0		1.6	0.2					0.0	3.3			0.0			0.4				0.4						0.0	
SI	2.8		1.7			0.0		3.5	0.8					0.0	2.2			2.1			3.2				1.5						2.0	
SK	2.4		54.9			0.0		0.9	0.2					0.6	0.0			0.7			3.6										0.7	
FI	0.1		0.0			16.2		0.2	0.0					0.0	0.0			2.1			0.0				0.4						0.0	
SE	2.9		3.1			30.5		10.3	5.5					12.4	10.0			19.1			11.1				1.0						16.7	
UK	1.2		3.3			1.0		3.0	0.3					4.3	7.8			2.8			7.1				2.9						5.4	
IS	0.1		0.1			0.0		0.0	0.7					0.6	0.0			0.7			1.1				0.2						2.2	
LI	0.0		0.0			0.0		0.0	0.0					0.0	0.0			0.0			0.0				0.0						0.0	
NO	0.8		0.7			9.5		2.1	1.8					3.1	17.8			0.7			6.4				2.1						0.0	
CH	0.6		0.0			0.0		0.2	0.5					0.0	0.0			0.0			0.0				0.0						0.0	
Tot	100		100			100		100	100					100	100			100			100				100						100	

* □ = Top 3; Row: competent MS; Column: MS of stay
Source Administrative data EHIC Questionnaire 2014

Table A4.5 The amount of E125 forms issued by the MS of stay, breakdown per competent MS, in millions €, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.00					0.00		0.31		23.21				0.00	0.00			0.01			0.27				0.01	0.10	0.37				0.25	
BG	0.86					0.01		0.43		2.83				0.00	0.00			0.03			0.12				0.00	0.01	0.44				0.15	
CZ	0.15					0.00		0.03		1.45				0.00	0.00			0.01			0.29				1.61	0.06	0.18				0.15	
DK	0.03					0.01		0.04		0.37				0.00	0.00			0.01			0.17				0.01	0.00	0.00				0.00	
DE	1.22					0.12		9.80		13.42				0.00	0.06			0.08			6.27				0.30	0.77	4.87				2.45	
EE	0.02					0.00		0.01		0.27				0.03	0.01			0.00			0.01				0.00	1.61	0.29				0.22	
IE	0.09					0.01		0.01		0.90				0.00	0.02			0.01			0.64				0.11	0.03	0.00				0.00	
EL	0.47					0.02		0.00		1.32				0.00	0.00			0.00			0.04				0.03	0.02	0.76				0.06	
ES	1.29					0.02		0.02		10.68				0.00	0.00			0.04			0.14				0.02	0.26	1.14				0.52	
FR	18.74					0.00		0.15		0.00				0.00	0.01			0.04			0.42				0.03	0.17	0.91				0.44	
HR	0.00					0.00		0.00		0.00				0.00	0.00			0.00			0.00				0.00	0.01	0.00				0.00	
IT	2.86					0.02		0.29		29.60				0.00	0.01			0.17			0.62				0.09	0.32	1.45				0.41	
CY	0.00					0.00		0.19		0.03				0.00	0.00			0.00			0.01				0.01	0.02	0.15				0.00	
LV	0.02					0.21		0.01		0.29				0.00	0.02			0.00			0.03				0.00	0.12	0.98				0.35	
LT	0.05					0.05		0.00		0.42				0.07	0.00			0.00			0.03				0.00	0.07	0.51				0.99	
LU	2.49					0.00		0.00		3.52				0.00	0.00			0.00			0.03				0.00	0.00	0.00				0.00	
HU	0.12					0.00		0.02		0.90				0.00	0.00			0.01			0.10				0.11	0.08	0.28				0.02	
MT	0.00					0.00		0.00		0.02				0.00	0.00			0.00			0.01				0.00	0.01	0.03				0.00	
NL	2.80					0.01		0.14		15.72				0.00	0.00			0.02			0.97				0.04	0.21	1.22				1.15	
AT	0.07					0.00		0.09		0.93				0.00	0.00			0.01			0.35				0.24	0.08	0.21				0.11	
PL	1.57					0.01		0.05		5.47				0.00	0.03			0.01			0.00				0.15	0.30	2.59				1.73	
PT	0.89					0.00		0.00		16.13				0.00	0.00			0.00			0.02				0.00	0.05	0.19				0.00	
RO	0.74					0.01		0.07		5.17				0.00	0.00			0.00			0.01				0.00	0.04	0.63				0.12	
SI	0.04					0.00		0.01		0.27				0.00	0.00			0.00			0.09				0.02	0.00	0.15				0.01	
SK	0.14					0.00		0.02		0.71				0.00	0.00			0.00			0.00				0.00	0.05	0.18				0.10	
FI	0.05					0.99		0.03		0.40				0.00	0.01			0.00			0.03				0.00	0.00	0.00				0.00	
SE	0.11					0.11		0.58		2.12				0.04	0.01			0.03			0.30				0.03	0.02	0.00				0.00	
UK	1.43					0.00		0.82		38.23				0.00	0.08			0.00			3.59				0.43	0.02	1.92				0.00	
IS	0.05					0.00		0.00		0.04				0.00	0.00			0.00			0.03				0.00	0.00	0.00				0.00	
LI	0.00					0.00		0.00		0.01				0.00	0.00			0.00			0.00				0.00	0.00	0.00				0.00	
NO	0.11					0.11		0.05		1.12				0.00	0.02			0.01			0.71				0.06	0.01	0.00				0.00	
CH	0.17					0.00		0.05		6.79				0.00	0.00			0.04			0.05				0.05	0.20	0.86				0.20	
Tot	36.60	0.54	n.a.	2.50	n.a.	1.71	0.00	13.25	n.a.	182.34	n.a.	n.a.	3.36	0.16	0.30	n.a.	0.36	0.54	33.14	94.71	15.35	n.a.	0.49	3.67	3.38	4.63	20.32	6.73	0.75	0.21	9.42	68.58

* Row: competent MS; Column: MS of stay

Source Administrative data EHIC Questionnaire 2014

Table A4.6 The amount of E126 forms received by the MS of stay, breakdown per competent MS, in millions €, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.00								1.38						0.0002			0.0004			0.02				0.0006							
BG	0.01								0.00						0.0000			0.0000			0.00				0.0000							
CZ	0.00								0.00						0.0000			0.0000			0.00				0.0048							
DK	0.00								0.00						0.0000			0.0000			0.00				0.0008							
DE	0.07								0.25						0.0011			0.0020			0.01				0.0003							
EE	0.00								0.01						0.0007			0.0000			0.00				0.0001							
IE	0.00								0.00						0.0005			0.0000			0.00				0.0011							
EL	0.00								0.00						0.0000			0.0000			0.00				0.0000							
ES	0.06								0.00						0.0000			0.0026			0.00				0.0002							
FR	0.09								0.00						0.0000			0.0000			0.00				0.0000							
HR	0.00								0.00						0.0000			0.0000			0.00				0.0010							
IT	0.04								0.02						0.0000			0.0028			0.00				0.0020							
CY	0.00								0.00						0.0000			0.0000			0.00				0.0001							
LV	0.00								0.00						0.0008			0.0000			0.00				0.0000							
LT	0.01								0.00						0.0000			0.0006			0.00				0.0001							
LU	0.20								0.00						0.0002			0.0000			0.00				0.0002							
HU	0.01								0.01						0.0000			0.0000			0.00				0.0007							
MT	0.00								0.00						0.0000			0.0000			0.00				0.0000							
NL	0.11								0.01						0.0001			0.0000			0.00				0.0000							
AT	0.00								0.01						0.0000			0.0009			0.00				0.0036							
PL	0.11								0.00						0.0016			0.0005			0.00				0.0088							
PT	0.01								0.00						0.0000			0.0001			0.00				0.0000							
RO	0.01								0.01						0.0001			0.0000			0.00				0.0002							
SI	0.01								0.02						0.0000			0.0006			0.00				0.0003							
SK	0.01								0.00						0.0000			0.0000			0.00				0.0000							
FI	0.00								0.00						0.0000			0.0000			0.00				0.0001							
SE	0.01								0.02						0.0010			0.0012			0.01				0.0002							
UK	0.01								0.00						0.0013			0.0000			0.01				0.0011							
IS	0.00								0.00						0.0000			0.0000			0.00				0.0000							
LI	0.00								0.00						0.0000			0.0000			0.00				0.0000							
NO	0.01								0.00						0.0035			0.0000			0.01				0.0014							
CH	0.03								0.00						0.0000			0.0000			0.00				0.0000							
Tot	0.84	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1.75	n.a.	n.a.	n.a.	n.a.	0.01	0.0112	n.a.	n.a.	0.0118	n.a.	n.a.	0.06	n.a.	0.03	n.a.	0.03	n.a.	n.a.	n.a.	0.29	0.02	n.a.	n.a.

* Row: competent MS; Column: MS of stay

Source Administrative data EHIC Questionnaire 2014

Table A4.7 The amount of E125 forms issued by the MS of stay, breakdown per competent MS, column %, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0					0.2		2.4		12.7				1.7	0.6			2.7			1.7				0.3	2.3	1.8				2.6	
BG	2.4					0.3		3.2		1.6				0.0	1.0			5.3			0.8				0.1	0.2	2.2				1.6	
CZ	0.4					0.2		0.2		0.8				0.0	0.8			1.4			1.9				47.7	1.2	0.9				1.6	
DK	0.1					0.4		0.3		0.2				0.2	1.4			1.1			1.1				0.3	0.0	0.0				0.0	
DE	3.3					6.8		74.0		7.4				2.9	20.4			14.5			40.9				8.9	16.5	23.9				26.0	
EE	0.0					0.0		0.1		0.2				16.0	2.1			0.0			0.0				0.1	34.8	1.4				2.3	
IE	0.2					0.7		0.1		0.5				0.3	7.6			2.2			4.2				3.4	0.6	0.0				0.0	
EL	1.3					1.2		0.0		0.7				0.0	0.2			0.6			0.3				0.8	0.5	3.7				0.6	
ES	3.5					1.0		0.1		5.9				0.7	1.3			7.7			0.9				0.7	5.7	5.6				5.5	
FR	51.2					0.2		1.1		0.0				1.0	2.3			6.6			2.7				0.9	3.7	4.5				4.7	
HR	0.0					0.0		0.0		0.0				0.0	0.0			0.0			0.0				0.0	0.1	0.0				0.0	
IT	7.8					1.1		2.2		16.2				0.0	2.5			32.1			4.0				2.7	6.9	7.2				4.4	
CY	0.0					0.1		1.4		0.0				0.1	0.0			0.2			0.0				0.2	0.4	0.7				0.0	
LV	0.1					12.1		0.1		0.2				0.0	7.2			0.1			0.2				0.0	2.6	4.8				3.7	
LT	0.1					2.8		0.0		0.2				45.1	0.0			0.2			0.2				0.1	1.6	2.5				10.6	
LU	6.8					0.0		0.0		1.9				0.0	0.0			0.0			0.2				0.1	0.0	0.0				0.0	
HU	0.3					0.1		0.2		0.5				0.0	0.1			2.4			0.6				3.3	1.7	1.4				0.2	
MT	0.0					0.0		0.0		0.0				0.0	0.0			0.0			0.0				0.0	0.2	0.1				0.0	
NL	7.6					0.4		1.1		8.6				0.3	0.8			3.5			6.3				1.1	4.4	6.0				12.2	
AT	0.2					0.1		0.7		0.5				1.0	0.8			2.1			2.3				7.1	1.7	1.0				1.1	
PL	4.3					0.6		0.4		3.0				1.3	10.2			1.8			0.0				4.3	6.4	12.8				18.4	
PT	2.4					0.0		0.0		8.8				0.9	0.2			0.2			0.1				0.1	1.1	0.9				0.0	
RO	2.0					0.3		0.6		2.8				0.0	0.5			0.9			0.0				0.0	0.9	3.1				1.3	
SI	0.1					0.0		0.1		0.1				0.0	0.0			0.4			0.6				0.6	0.1	0.8				0.1	
SK	0.4					0.1		0.2		0.4				0.5	0.0			0.6			0.0					1.0	0.9				1.0	
FI	0.1					57.9		0.3		0.2				0.0	2.1			0.1			0.2				0.1	0.0	0.0				0.0	
SE	0.3					6.4		4.4		1.2				25.5	2.5			4.9			1.9				0.9	0.5	0.0				0.0	
UK	3.9					0.0		6.2		21.0				1.1	27.9			0.0			23.4				12.7	0.5	9.4				0.0	
IS	0.1					0.1		0.0		0.0				0.0	0.1			0.1			0.2				0.1	0.0	0.0				0.0	
LI	0.0					0.0		0.0		0.0				0.0	0.0			0.0			0.0				0.0	0.1	0.0				0.0	
NO	0.3					6.5		0.4		0.6				0.0	6.8			1.0			4.6				1.9	0.3	0.0				0.0	
CH	0.5					0.1		0.4		3.7				1.5	0.4			7.2			0.3				1.5	4.2	4.2				2.1	
Tot	100					100		100		100				100	100			100			100				100	100	100				100	

* □ = Top 3; Row: competent MS; Column: MS of stay
Source Administrative data EHIC Questionnaire 2014

Table A4.8 The amount of E126 forms received by the MS of stay, breakdown per competent MS, column %, 2013

Competent MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE	0.0								78.9					0.0	2.1			3.3			26.2				2.0							
BG	1.3								0.0					0.0	0.2			0.0			0.3				0.0							
CZ	0.6								0.0					0.0	0.0			0.0			0.1				17.2							
DK	0.1								0.0					2.5	0.0			0.0			0.0				2.9							
DE	8.1								14.5					0.0	9.7			17.2			12.9				0.9							
EE	0.2								0.4					35.2	6.4			0.0			0.1				0.2							
IE	0.1								0.1					0.0	4.2			0.0			6.7				4.0							
EL	0.0								0.0					0.0	0.0			0.0			0.2				0.0							
ES	7.0								0.0					0.0	0.1			22.3			1.2				0.8							
FR	11.2								0.0					0.0	0.0			0.0			0.0				0.0							
HR	0.0								0.0					0.0	0.0			0.0			0.0				3.7							
IT	5.1								1.1					0.0	0.1			23.8			0.6				7.3							
CY	0.0								0.0					0.0	0.0			0.0			0.0				0.3							
LV	0.2								0.0					0.0	7.0			0.0			2.2				0.1							
LT	0.8								0.1					54.9	0.0			5.3			1.4				0.4							
LU	23.6								0.0					0.0	2.0			0.0			2.2				0.8							
HU	1.5								0.5					0.0	0.3			0.0			0.1				2.7							
MT	0.0								0.0					0.0	0.0			0.0			0.0				0.0							
NL	13.7								0.5					0.0	0.8			0.0			0.0				0.0							
AT	0.5								0.4					1.8	0.0			7.7			0.7				13.0							
PL	13.4								0.1					0.0	14.0			4.6			0.0				31.9							
PT	0.7								0.1					0.0	0.0			0.6			0.0				0.0							
RO	0.9								0.3					0.0	1.2			0.0			0.5				0.7							
SI	1.0								1.1					0.0	0.3			4.8			6.6				1.0							
SK	1.7								0.0					0.0	0.0			0.0			0.4											
FI	0.3								0.0					0.0	0.0			0.0			0.0				0.5							
SE	1.8								1.2					3.6	8.9			10.6			9.4				0.6							
UK	1.4								0.0					2.0	11.5			0.0			8.6				3.8							
IS	0.4								0.0					0.0	0.0			0.0			1.0				0.0							
LI	0.0								0.0					0.0	0.0			0.0			0.0				0.0							
NO	0.9								0.3					0.0	31.3			0.0			18.4				5.0							
CH	3.6								0.2					0.0	0.0			0.0			0.0				0.0							
Tot	100								100					100	100			100			100				100							

* □ = Top 3; Row: competent MS; Column: MS of stay
Source Administrative data EHIC Questionnaire 2014

Annex 5 EHIC Report 2013

Table A5 The distribution of the EHIC/PRC, 2012

MS	Ways to apply for the EHIC	Average time to receive the EHIC	Ways to obtain the PRC while staying abroad
AT	issued automatically (replacement card: desk, telephone or e-mail)	5 days	fax, e-mail, post
BE	fax, telephone, internet, at the desk	immediately at the desk; otherwise 2-5 working days; up to 2 weeks in some cases	e-mail, fax, post
BG	desk	14-15 working days (urgent cases: up to 2 days)	internet, fax, post
CH	issued automatically	10 days to 4 weeks	fax, e-mail
CY	desk, fax, post	immediately (at the desk)	fax, e-mail or post
CZ	desk, telephone, e-mail or post (issued automatically to every newly insured person)	2 weeks	post, fax or e-mail
DE	internet, telephone, desk, in writing (issued automatically upon issue national card)	4 weeks at the most, generally significantly less	fax, e-mail
DK	desk, internet	10 days	fax, post
EE	internet, e-mail, post	max 10 days (pursuant to regulations); 5-7 days by post; less if electronically applied	fax, e-mail, post
EL	desk (personally or via a representative), fax, e-mail or post	immediately if applied for at the desk; more than 5-10 working days if by post	fax, e-mail
ES	desk, fax, internet, telephone	ca 10 days (ISFAS: 5-8 days)	fax, e-mail, post
FI	telephone, post, internet, fax, desk	7 days	post, internet, fax
FR	internet, e-mail, telephone, post, fax or desk	3-15 days	post
HU	desk, post, or internet	immediately at the desk, otherwise within 30 days	fax, e-mail, post
IE	internet, post, desk	within 7 days	fax, e-mail
IS	internet, telephone, post, fax, desk	immediately if applied for at the desk; otherwise 2-3 days	e-mail, fax
IT	issued automatically (replacement card: desk, fax, internet, e-mail)	15 days	fax, e-mail
LI	internet, telephone, post, fax, desk	2 to 4 weeks	fax, e-mail
LT	internet, fax, desk, via a representative	7 days on average; max 14 days (pursuant to regulations); immediately when applied for at the desk	fax, e-mail, through the person's representative
LU	internet, e-mail, telephone, desk	13 days	e-mail, fax, post
LV	post, desk	immediately when applied for at the desk; otherwise 3 days	post (fax or e-mail on request)
MT	internet, post or desk	5 working days	e-mail, fax
NL	by any available means of communication; for foreign residents: internet + help line; (some insurers integrated EHIC in national card)	if not integrated in national card: 3-8 days	by any available means of communication
NO	internet, telephone or text message	max 10 days (usually less)	fax
PL	desk, e-mail, fax, post	immediately if applied for at the desk; otherwise 3 working days	e-mail, fax or post
PT	e-mail, fax, internet, desk	5 days (but substantially longer in certain periods)	post
RO	fax, post, e-mail	7 working days	fax, post, e-mail
SE	internet, text message, telephone (self-service or customer centre), desk	5 working days (up to 10 in busy periods)	post, fax
SI	internet, text message, desk	4 working days	fax
SK	post, fax, e-mail, internet, desk	4 to 14 days	post, fax, e-mail
UK	internet, telephone, post	7-10 days	post, fax

Source Update Table 3 Coucheir, M. (2013), *EHIC Report 2013*, trESS – Ghent University, p 11.

Annex 6 Country abbreviations

Table A6 Country abbreviations

Abbreviation	Country
BE	Belgium
BG	Bulgaria
CZ	Czech Republic
DK	Denmark
DE	Germany
EE	Estonia
IE	Ireland
EL	Greece
ES	Spain
FR	France
HR	Croatia
IT	Italy
CY	Cyprus
LV	Latvia
LT	Lithuania
LU	Luxembourg
HU	Hungary
MT	Malta
NL	Netherlands
AT	Austria
PL	Poland
PT	Portugal
RO	Romania
SI	Slovenia
SK	Slovak Republic
FI	Finland
SE	Sweden
UK	United Kingdom
IS	Iceland
NO	Norway
LI	Liechtenstein
CH	Switzerland

Annex 7 EHIC Questionnaire 2013

Part I

Statistics concerning the use of the European Health Insurance Card (EHIC) from 1 January to 31 December 2013

1. Number of EHICs issued/in circulation

- How many EHICs did your institutions issue between 1 January and 31 December 2013?
- How many EHICs issued by your institutions were in circulation on 31 December 2013? (This means valid EHICs).

2. Number of provisional replacement certificates (PRC) issued

- How many PRCs were issued between 1 January and 31 December 2013?

3. Number of insured persons

- Please provide the number of insured persons per 31 December 2013. If the number of insured persons is lower than the number of EHICs in circulation please explain why.

4. Period of validity of the EHIC

- Did you modify the validity period of the EHIC in 2013 or do you have any intention to modify the validity period in 2014? If so, why?
- What is the validity period of the EHIC issued by your institutions? Please only specify changes compared to your reply concerning 2012.
- Is the validity period of the EHIC identical for all categories of insured persons? If not, for which reason and for which categories of insured persons is the validity period different? Please only specify changes compared to your reply concerning 2012.

5. Issuing and withdrawal procedures

5.1.Issuing of the EHIC

- Did you change the issuing process of the EHIC in 2013? If so, why?
- How (telephone, fax, internet, or other means) can the EHIC be requested? Please only specify changes compared to your reply concerning 2012.
- Does an insured person have to provide any specific information/documentation in order to obtain an EHIC? If so, what type of information/documentation? Please only specify changes compared to your reply concerning 2012.
- How long did it take, on average, for an EHIC to be issued in 2013? Was there some improvement in relation to 2012?

5.2.Issuing of Provisional Replacement Certificates (PRC)

- Did you change the issuing process of the PRC in 2013? If so, why?
- How (telephone, fax, internet, or other means) can the PRC be requested? Please only specify changes compared to your reply concerning 2012.

- How (fax, e-mail or other means) is the PRC issued to insured persons currently on a temporary stay abroad? Please only specify changes compared to your reply concerning 2012.
- In which situations is the PRC issued to insured persons before going abroad? Please only specify changes compared to your reply concerning 2012.

5.3. Withdrawal procedure of the EHIC

- Did you introduce special procedures in 2013 to withdraw the EHIC when the cardholder of the EHIC is no longer insured under your legislation? If so, what are they?

6. Awareness-raising

6.1. Information for the insured persons

- Were public information campaigns ongoing or newly introduced during 2013? If so, which ones?

6.2. Information for the health care provider

- Do you have any ongoing or newly introduced initiatives in 2013 to improve health care providers' knowledge of the EHIC? If so, which ones?

7. Use of the EHIC

7.1. Reimbursement of benefits in kind between institutions

- How many E 125 forms were issued following the use of the EHIC in your country between 1 January and 31 December 2013? Please also indicate, if available, the related amount (in €) claimed by the E 125 forms issued.
- If you started issuing SED S080 can you estimate the number of individual invoices you issued following the use of the EHIC in your country between 1 January and 31 December 2013? If so, how many individual invoices were issued? Please also indicate, if available, the related amount (in €) claimed by the SED S080 forms issued.
- How many E 125 forms did you receive following the use of the EHIC by persons insured under your sickness insurance scheme between 1 January and 31 December 2013? Please also indicate, if available, the related amount (in €) claimed by the E 125 forms received.
- If you started receiving SED S080 can you estimate the number of individual invoices you received following the use of the EHIC by persons insured under your sickness insurance scheme between 1 January and 31 December 2013? If so, how many individual invoices were received? Please also indicate, if available, the related amount (in €) claimed by the SED S080 forms received.
- What percentage does the use of the EHIC abroad represent in respect of the total health expenditure of your country, comprising of both national and cross-border expenditure?

7.2. Reimbursement of benefits in kind according to Article 25 B) (5) of Regulation (EC) No 987/2009

- How many requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009 did you send during 2013? Please also indicate, if available, the amount (in €) covered by the E 126 forms issued.

- How many requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009 did you receive during 2013? Please also indicate, if available, the amount (in €) to be reimbursed.
- How are the reimbursement rates applied by your institutions determined when replying to requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? Please only specify changes compared to your reply concerning year 2012.
- Do you have a centralized organization for applying to requests (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? If not, how are your institutions organized for this purpose? Please only specify changes compared to your reply concerning year 2012.
- What type of information (receipts, prescriptions, vignettes etc.) do you need to be able to reply to a request (E 126/ SED S067) according to Article 25 B) (5) of Regulation (EC) No 987/2009? Please only specify changes compared to your reply concerning year 2012.

Part II

Practical and legal difficulties in using the European Health Insurance Card (EHIC)

1. Inappropriate use (abusive or fraudulent) of the EHIC

- Are you aware of cases of inappropriate use of a valid EHIC by a person who was no longer insured under your scheme? If so, can you quantify such cases?
- Are you aware of other cases of fraud (for example of the fake cards)? If so, can you describe and quantify these cases?
- Are you aware of intermediaries (websites or other) charging for advice on application for the EHIC? If so, did you take any action to discourage such activity?

2. Awareness of the health care providers

- Are you aware of cases of refusals to accept EHICs by health care providers established in your country? If so, what are the reasons given by health care providers to refuse the EHIC? Can you quantify the frequency of such refusals, and did you take any action to remedy the situation?
- Are you informed about cases of refusals to accept EHICs by health care providers established in another country? If so, do you have information on the reasons for these refusals? Can you quantify the frequency of such refusals, and did you take any action to remedy the situation?

3. Alignment of rights

- Are you aware of the difficulties relating to the interpretation of the "necessary health care" concept? If so, could you describe the difficulties encountered?

4. Invoice rejection

- Are you aware of any rejection of invoices (forms E 125/ SED S080) drawn up on the basis of an EHIC issued by your institutions? If so, could you quantify the number and indicate the reasons for rejection?
- Are you aware of any rejection by your institutions of invoices (forms E 125/ SED S080) drawn up on the basis of an EHIC issued by institutions in other countries? If so, could you quantify the number and indicate the reasons for rejection?

5. Other possible difficulties in using the EHIC

- Were you aware of other problems/incidents related to the use of the EHIC in your territory or in the territory of another state? If so, which?

6. Enquiry and complaint management

- Do you know the number of enquiries/complaints you receive concerning EHIC? If so, how many enquiries/complaints did you receive during 2013?
- How can citizens submit an enquiry/complaint concerning EHIC and what are your procedures for dealing with it? Please only specify changes compared to your reply concerning 2012.
- How can health care providers submit an enquiry/complaint concerning EHIC and what are your procedures for dealing with it? Please only specify changes compared to your reply concerning 2012.